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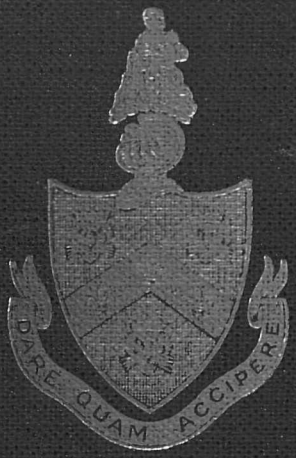

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PASSIM

THE CHALLENGE OF EUROPE

Members of the Medical Profession are used to being pioneers of thought and deed. Accustomed as they are to blazing trails through strange diseases and even stranger sciences to find cures for the ills that plague their patients, it is not wonderful that amongst the great philosophers and thinkers of history are many medical men. It therefore comes as no surprise to find that, once again, the doctors are in the forefront of change.

One of the major provisions of the Treaty of Rome was to permit the free movement of workers across intra-European borders. The professions were excluded from this provision because member countries could not or would not accept foreign qualifications as meeting their own standards. The Medical Profession was the first to reach agreement and on 20th December, 1976 (remember that year?), it made allowance for free movement of its members throughout the European Economic Community. It is thought that lawyers and architects will be quick to follow the doctors—but by the success or failure of the directives governing doctors will the attitudes and actions of other professional bodies be determined.

In mid-December last year, just before the fateful day, a Press Conference was held at the European Communities Commission, in Kensington, Mr. Walpole Lewin in the Chair. Discussion centred round the three groups of people to be most affected by the new directives, the patient, the senior consultant, the qualified junior. What will these directives mean to them?

The directives are designed to permit any doctor qualifying in a member state to practise anywhere in the Community. To protect standards of health care in individual countries, minimum requirements of basic and specialist training are laid down. After ensuring that such minimum criteria are fulfilled (a doctor will need a diploma ensuring this) and any local requirements satisfied, a member state is required to recognise equivalent foreign qualifi-

cations as they do their own and grant rights to the doctor holding them accordingly. Thus a doctor whose basic qualification was obtained in this country since the implementation of the directives (or who can prove comparable training in this country) has the right to practise in any other part of the E.E.C. on a temporary or permanent basis. Similarly, doctors qualified elsewhere in the E.E.C. can come over here. How will this affect the service we provide for our patients?

One problem immediately obvious in these arrangements is that of linguistic competence—a question vigorously discussed at the Press Conference. In countries where the patient chooses his doctor individually, as in private practice, failure of communication between doctor and patient will be short-lived: for the doctor, no communication, no patients. But in a system such as our N.H.S.—which cares for 96% of all patients in the United Kingdom—the problem does not resolve itself so easily. Under the N.H.S., patients present to the system, not to a given doctor—that is, they are seen by a doctor chosen by the D.H.S.S., not by themselves. A doctor with an inadequate command of English could survive in such a system, with great disadvantage to his patients. The employing authority must be responsible for preventing such disadvantage. The E.E.C. directives recognise the problem. Article 20 of Directive 75/326/EEC reads "Member states shall see to it that, where appropriate, the persons concerned acquire in their interest and in that of their patients, the linguistic knowledge necessary to the exercise of their profession in the host country." Evidently this quotation is from the English translation of the directive—the nuances may be different in other translations. The important phrase in the paragraph is "see to it". The interpretation of this is still under debate. Any interpretation must comply with the spirit of the directives as a whole—unrestricted movement of doctors within Europe. A legal squabble over terminology and interpretation could end in the European Court of Justice and the ensuing ill-will would do no good to anyone. It seems logical that doctors who will require a fluent *lingua franca* for the efficient practice of their art (pathologists for example could probably manage with English and just a smattering of the host country's language) should sit some form of language test before establishment abroad. It is possible to consider formal examination contra-indicated by the legal requirement for total freedom of movement, but perhaps here, too, total freedom is the unattainable! The phrase "see to it" does imply that it is *mandatory* for member states to ensure that any doctors they employ from abroad can communicate adequately with their patients, however. A satisfactory interpretation which can be seen to work must be found soon, for the good of the profession and its patients alike.

Patients will also be affected by the opportunities afforded their doctors by the directives. The advantages to the individual doctor of the new rulings are evident and the concept of study abroad hardly revolutionary. Indeed it used to be a *sine qua non* of medical training to go to Europe for post graduate study—Padua or Milan of Renaissance Italy, or, later, Vienna, Paris, Heidleburg, Berlin. Hodgkin and Bright both travelled widely in Europe. The directives should extend and greatly simplify opportunities for British doctors to undertake post-graduate study abroad—and, for reasons discussed below, may soon be extended to include undergraduate study. The above-mentioned Englishmen, Hodgkin and Bright, like most of their contemporaries, trained in Edinburgh. Perhaps not quite comparable, but still! . . .

A constant circulation of doctors through Europe, if well-balanced, can

only be advantageous to profession and patient as it will inevitably facilitate exchange and development of medical knowledge. Problems will arise, however, if the circulation is not balanced, and it is perhaps the greatest danger to the British patient.

The directives outline the bases on which doctors qualified in specialist medicine can move between E.E.C. countries—provided the host country recognises a corresponding speciality! There is considerable anxiety in Britain today about the consequent risk of emigration of our senior doctors and best graduates. Such anxiety is not without foundation. Current financial and political restrictions placed on the N.H.S. and medical practice in general inevitably lead to decline in facilities and remuneration, i.e. the chances of the doctor achieving stimulating "job satisfaction" and career structure. If these deficiencies are not soon rectified, our top doctors will be inclined to emigrate and we will not attract other European doctors of comparable ability to replace them. Our staff shortages at present, according to Mr. Walpole Lewin, are in radiology, anaesthetics and pathology, coinciding with shortages elsewhere in Europe—and these are fields where language difficulties are minimal. We cannot afford to lose our top specialists and best graduates—whatever some Government ministers may say—and nor can our patients.

The other side of the coin is equally grim. If it becomes impossible to keep our own graduates we would attract not the best from other countries, but only those who could not succeed in their own services. This in itself will be detrimental to patients. Furthermore, it leads into a vicious circle. With an estimated forty thousand surplus doctors in Europe by 1981 (Britain is the only one of the nine member states still expanding its medical training facilities) we could find ourselves unable to place our own graduates in employment and in possession of a great quantity of junior doctors and not necessarily of a great quality. Of course, the problem to our present students remains even if British medicine attracts only the best of foreign graduates. The problem is compounded if Britain only attracts less able practitioners, but in either case, is a simple problem of numbers. The threat of forty thousand doctors looking for jobs in Europe is frightening and it would be reassuring to hear that some plans were being made to safeguard job prospects for the medical students of today. In the very near future, we will be unable to find jobs in this country for home-trained graduates and their career prospects will be poor. By comparison, mainland Europe will be even more alluring. Inability to retain our own graduates and specialists and to attract the top from elsewhere, with attraction only of less competent doctors of our own and other countries' making, would all lead inexorably to a decline in standards of health care for the British patient.

Is the future of British medicine so totally bleak? Do we envisage a situation where our specialists leave to find more congenial, stimulating and rewarding employment elsewhere, while our newly-qualified juniors fight to find employment?

The prospect is not so gloomy. The Rake's Progress described above is not inevitable and is indeed totally avoidable. We are part of the E.E.C. and the benefits to be gained from the new directives by each one of the member states, including ourselves, are considerable. But we are now in direct competition with the medical professions of eight other countries—competition for achieving the highest standards of excellence. By creating in the U.K. good facilities and a good careers structure we will achieve and

maintain a good service for our patients with satisfaction for those who provide it. The directives have been carefully designed and are under continuing scrutiny. Various committees have been charged with examination and investigation of the different aspects covered.

Our priorities are spelt out for us. We must respond to the challenge presented by the new directives, return our health service into the first class. Thus will we retain our seniors and ensure that our standards are so high that only the best of European graduates can compete. We need good working conditions, good careers structure. Good doctors will follow.

NOTICES

SOUTH WALES AND MONMOUTHSHIRE GUY'S HOSPITAL SOCIETY

Chairman: Mr. G. Morwent Brown.

The twenty-sixth Annual Meeting of this Society will be held in Cardiff on Saturday, 5th March, 1977 (7.15 for 8.00 p.m.), at the Park Hotel, Cardiff (following the Wales v. England Rugby International Match). All Guy's men and women are welcome. Tickets for the Dinner are £5.00 and the annual membership fee is £1.00. The President for 1977-78 will be Dr. L. Emery of Cardiff and there will be guests from Guy's as usual. It would facilitate arrangements if all those intending to be present would notify the Hon. Sec. (Dr. H. Anthony Thomas, "Greystones", Llysworney, Near Cowbridge, South Glamorgan, CF7 7NQ. Telephone: Cowbridge 4644) and send their remittances payable to the Society by Wednesday, 2nd March, 1977. Hotel accommodation is very limited but a number of rooms have been reserved at the Park Hotel on a provisional basis by the Society but definite bookings for these rooms must be confirmed four weeks before the date required.

GUY'S HOSPITAL DENTAL SOCIETY ANNUAL DINNER

The Dinner will be held in the evening of Clinical Day on Saturday, 5th March, 1977, at the PARK LANE HOTEL, PICCADILLY, LONDON, W.1. Applications for tickets (£7.00 exclusive of wines, £4.00 students) should be made to the DINNER SECRETARY (Miss Christine Smith), Floor 24, Guy's Tower, London, SE1 9RT, as soon as possible and not later than 14th February.

We would like to draw your attention to the possibility that this may be the last of such annual events as the frequency and scale of Clinical Day and therefore of the Dinner are having to be reviewed in view of the present economic climate.

NEWS IN BRIEF

Professor Tim Clark

We are pleased to announce that the University of London has appointed Dr. T. J. H. Clark to the Chair of Thoracic Medicine in The Medical School.

Professor J. N. Hunt

The resignation of Prof. Hunt from the Department of Physiology has been brought forward from March to 31st January. Professor Macdonald has been appointed as Head of Department with effect from 1st February. We shall be publishing an appreciation of Prof. Hunt next month.

Dr. Alexander Bearn

Our congratulations to Dr. Alexander Bearn, M.D., recently invited to serve as the first Stanton Griffis Distinguished Medical Professor at Cornell University. Dr. Bearn qualified at Guy's and served in the R.A.F. before leaving for America in 1951. He has been Professor of Medicine and Chairman of the Department of Medicine at the Medical College since 1966.

Professor Simpson on TV

An eminent pathologist is the subject of a B.B.C. *Horizon* documentary currently being filmed at Guy's. The programme, to be called *Simpson,* is a profile of Professor Keith Simpson and is produced and directed by Christopher La Fontaine. Sequences filmed so far include the Professor describing Gordon Museum exhibits; conducting a post mortem, and appearing in the Coroner's Court.

Marius Goring, star of B.B.C.'s *The Expert,* will also appear, discussing his television role with Professor Simpson.

The date for screening has not yet been fixed, but it is hoped that the programme will appear in April or May.

Thank you to the Wills Library

The studious amongst us may have noticed the recent changes in the procedure for obtaining books and re-prints on the Interloan system, through the Wills Library. Initially the service was free to students and staff, but recently a charge of 50p was introduced, to be paid for each item requested. More recently still, the fee was waived for students. However, it is now necessary for students to obtain authorization for the request from the head of the relevant department or his representative. Superficially, this may seem an unwarrantable restriction of the student's attempts to study. However, we learn that each item borrowed from Interload costs about £2. This charge is paid by Library funds for the students. The cost is considerable and in preference to asking students to contribute, the Library is merely asking for confirmation that any item requested is really wanted. We could help by ensuring that we ask only for such items as we really need. Meanwhile, our thanks to the Library and its staff for the truly remarkable service they continue to offer.

New Library

A new branch library is to be opened in Borough High Street on 7th March. The library, which is just a five minute walk from Guy's, replaces the old Southwark Bridge Road Library which will close in February. Guy's students, and especially Wolfson House residents, will find this new library a great convenience for obtaining their non-medical light reading.

Presidential Election

Congratulations to Francis Hughes who has been elected President of the Clubs' Union. His Vice-President is Mr. M. R. Kiln.

The result of the election, held on Friday, 14th January, was as follows:

President—F. J. Hughes 250; B. P. Satchwell 57.

Vice-President—M. R. Kiln 326; C. M. Rowlands 74.

War Requiem

Guy's Hospital Music Club in conjunction with St. Thomas's and St. Bart's Hospitals, is performing Benjamin Britten's War Requiem in the Central Hall, Westminster, on Wednesday, 16th March. Rehearsals are held on Mondays at 6.30 p.m. at St. Thomas's House, St. Thomas's Hospital, and singers or instrumentalists interested in helping should contact a Music Club Committee member.

Guy's Hospital Gilbert & Sullivan Society

The G.H.S.S. are performing "The Mikado" in the Greenwood Theatre from 2nd to 5th March. Performances will start at 7.30 p.m. Tickets are available, priced 50p, from : The Secretary, Guy's Hospital Gilbert & Sullivan Society, c/o East Wing, Guy's Hospital, London, SE1 9RT.

Quodlibet Society

There will be a lecture, given by Hedges & Butler Ltd., on "The Art of Winemaking and the Characteristics of the French Wine Regions" in the Tower Lecture Theatre at 5.30 p.m., on Thursday, 3rd February. Tickets for the tasting afterwards will be available, price £1.10, from : Miss Jane Sladden, c/o East Wing, Guy's Hospital, London, SE1 9RT.

Further meetings are planned including a proposed talk by Colin Wilson (17th February) and a recital from a classical guitarist (3rd March). Lord George Brown is coming later in March.

Games Society

The Games Society, now being formed, is to be a focal point for those interested in various games, e.g. chess, bridge, backgammon, Mah Jong, Wargaming. It is hoped to hold regular meetings and the first of these will be on Tuesday, 25th January, at 5.00 p.m. (venue to be announced later). For further details contact M. J. Lind or S. J. Norburn, c/o E. Wing.

L.M.G. Lecture

There will be a London Medical Group Illustrated Lecture, "A Death in the Family", given by Dr. Cicely Saunders, Medical Director, St. Christopher's Hospice, in the Anatomy Theatre on Thursday, 3rd February, at 6.00 p.m.

Further L.M.G. events to be held at Guy's in the near future include a symposium "Sex and the Disabled" on 24th March, 1977. The Executive Representative, L.M.G., Diane James, can be contacted through the East Wing.

Guy's Hospital Motoring Club

Due to the success of the Treasure Hunt last term we are promoting another one which is scheduled for Sunday the 30th of January. Details will be posted on the Motoring Club notice board near the East Wing bar.

There may be a second treasure hunt nearer the end of term.

OBITUARIES

JAMES GAYMER JONES, M.C., M.S., F.R.C.S.

It was with regret that we learned of the death of Gaymer Jones on 27th December, bringing to a close a long and distinguished surgical career.

Gaymer, who came to Guy's in 1910, made his mark straight away by winning the Open Science Scholarship. In the following three years he was in succession the demonstrator of Biology, Histology and Pathology, being appointed a prosector to the Royal College of Surgeons in 1913.

After qualifying with the conjoint diploma in 1916, he had a short House Appointment at Guy's before joining the R.A.M.C. in an active capacity. In 1918, he was awarded the M.C. in the Field as an 'order of the day—immediate award'. After demobilisation in 1920 with the rank of Captain, he returned to Guy's to complete his House Appointment, and graduated M.B., B.S. in 1921.

Gaymer, having decided on a Surgical career obtained his F.R.C.S. in May 1922, and graduated M.S. the following June. Within two years he was appointed Consulting Surgeon to Edenbridge War Memorial Hospital, and until his retirement in 1956 he held Consultant posts at various Hospitals in the Windsor area, and latterly at Holloway Sanatorium.

From 1937—1956, Gaymer was a J.P. in Windsor, and was Chairman of the Bench from 1952–1955. He was active in many organisations, being a past President of the Windsor and District Medical Society, a Fellow of the R.S.M. and a Senior Fellow of the Association of Surgeons of Great Britain and Ireland.

He had many papers published on gastroenterology, the first of which appeared in the *Gazette* in March 1917.

We extend our sympathy to his family.

FLORENCE WITTRICK

It was with regret that we learned of the death of Miss Florence Wittrick, M.B.E., on 31st October last year. She was acting Matron of Guy's throughout the blitz when the Hospital was a casualty clearing station. She entered Guy's as a junior nurse in 1911 and retired in 1965 when she was awarded the M.B.E. for her services.

IRENE CHAPPLE

We were also sorry to hear of the death of Irene Briscoe Arbuthnot Chapple, widow of the late Harold Chapple, M.S., F.R.C.S., F.R.C.O.G., on 16th December. She was daughter of Sir Arbuthnot Lane, was born in St. Thomas Street and her late husband was Gynaecologist to the Hospital from 1913 to his death in 1945—a three-fold Guy's connection.

She is survived by her son, Archie, to whom we extend our sympathy.

CLUBS' UNION NEWS

THE STATE OF THE UNION

As the Clubs' Union comes round once again for its annual check up, it is good to see that it has maintained, if not improved its health over the last year or two. On the 14th it was the turn of the head and mouth to be examined. As you know, being members of such an illustrious community as Guy's, the head and mouth are the thinking and speaking organs —analogous in some ways to the President and Vice-President. The President is the brains (not necessarily thinking ones, though !) and receives, ultimately, all the information, processing it, pushing it out again, and ending up by doing as little work as he can manage ! The Vice-President gives and receives information to and from the outside world, and although available for communicating with the immediate environment, the ears, eyes and mouth of the Union are principally concerned with other bodies.

These two parts of the Clubs' Union's anatomy, then, were examined by the students (the immediate environment), and not found lacking, judging by the amount of support that was accorded to the examination. Of the approximately 1,000 students eligible to vote in the recent elections, 423 did so, with a dozen or so spoiled papers. The high turnout by comparison with previous years was very good to see. As I have tried to imply, this can be seen as a vote of confidence in the Union as a whole, and the way in which it conducts its affairs, and those of the students, particularly as a person who has been instrumental in shaping the Union's image over the last year is to be the next President.

But how about the rest of the body of the Union? Its feet were made for walking—or rather, dancing—and also standing on. The social secretary organises the feet, so to speak, and in doing so provides something for the Union to stand on. The day-to-day running of the Union is most evident in its feet ! The fingers of one hand count the money, and those of the other write the minutes and letters. As for the right arm of the Union—there are no prizes for guessing who that is ! The neck-downwards specialists are having a go at the Union on the 24th, and I hope that nothing wrong will be found then.

All the consultants and registrars try to din into students that no single part of the body should be considered in isolation. Nor, for that matter, should the body be considered out of its surroundings—either immediate or distant. They should be pleased to know that not all the precepts have been filed away and forgotten, for on the 4th February (all being well), the whole body is subject to review and consideration—the parts have been considered in isolation and now the whole health care team is gathered together at the A.G.M. to discuss the matter. At least . . . I *hope* they will all be gathered together.

Will you be there?

Tim Palmer.

After the recent Clubs' Union election . . .

TANK TROJAN FOR PRESIDENT

Dear Reader,

I am an illiterate student who has been at Guy's for three, maybe four, years. I am a long-standing member of the bar staff and am also very interested in Freudian symbolism. I have close associations with the Silver-wiretwisters' College and am in their airborne water-polo team.

My proposals :

External Affairs : Traditionally those affairs not immediately concerned with Guy's. I should hold a referendum on Membership of the D.H.S.S. Whilst I disaprove of the Broad Left (and the extreme left), I am sure that we may all stand to gain from membership of national bodies, however much. It is important that Guy's students should be represented on the E.M.U. Student Representative Council; it is no use just critisizing. The S.R.C. makes many important decissions on such various topics as Racism, Abortion, Abortion, South Africa, Racism, etc.: as such, I should take an opposition role to Bach evenings in general.

Committees : The staff and students on the committees of the Union have a very close working relationship and generally work hand in hand on every issue. I should not like to see a solely student body.

Social Affairs : One change that springs to mind is with a bleep for Student Union to enable students to organize an emergency summer ball. I should plaster the walls of the East Wing with pages of Sennet and relay news of other events using runners from the Boat Club. I shall organise Tower Block stair-climbing marathons for horse-riding members of Goldsmiths' Hall—some clubs are more deserving than others. I should be sympathetic to your greivances or whatever (I forgot to mention I was Welsh). I shall be updated monthly.

Catering : The annual grunge : Looking into the future, I see the Spit removed to the Ritz, the Pompei Exhibition moved to the Ritz, and Goldsmiths' College and the Boat Club moved to the Ritz. This is not a message of despondancy, however, and I would do all that is to improve the Ritz.

The Bar : At the moment there would seem little hope in getting permission to permanently use the bar because of the rules of the N.U.S., U.G.C., etc. However, it is important to ensure that sufficient beer stuff is available to allow full use of the bar.

WHOEVER YOU CHOOSE FOR, CHOOSE FOR ME

Past activities of mine : 1974 Ressurected at Christmas Carol Concert. 1975 Hitched to Balham. Wandered round meeting Buddhists, rapists, bean freaks, philosophers, etc. 1976 Resat a couple of B.M.S. exams. Worked as a doctor in the vac.—most enlightening. Died during a contraversial performance of "Dillon's Bookshop".

CAROL CONCERT AT R.F.H.

The United Hospitals' Choir, including a large Guy's contingent, gave its annual carol concert on 20th December. The concert, in aid of the Malcolm Sargent Cancer Fund for Children, was held in the Royal Festival Hall in front of a capacity audience and was conducted by Charles Farncombe.

The programme included several carols by Malcolm Sargent, of which the "Three Far Eastern Carols" were most popular with the audience. The principal horn of the B.B.C. Symphony Orchestra, Alan Civil, was the guest artiste. He played several short pieces for horn, and then astounded both audience and choir by playing a length of garden hose with great virtuosity!

The organiser of the Guy's choir, Mr. Nicholas Bathurst, with other Music Club Committee members, was afterwards presented to the two guests of honour—the Archbishops of Canterbury and Westminster.

Long playing records of the 1975 concert are obtainable from the Fund at 6 Sydney Street, London, SW3 6PP, price £1.75 plus 25p postage.

R.G.H.

'THE TOWERING INFERNO'

An appreciation of the Annual Dental Review

The move by the Dental Department to their elevated position in Guy's Tower came just as the old building was at bursting point. Similarly the East Wing Ballroom, whose capacity for enjoyable discourse had been overstretched for the last few years, has now given way to the delightful comforts of the Greenwood auditorium. The graduands took full measure of its facilities in the 1976 Dental Review, which followed more or less the traditional pattern of direct insult and not too subtle innuendo.

The title of the Review belied its content, for apart from the first act which was a *cri de coeur* about the shortcomings of the air conditioning system in coping with the hot air generated within the building, the majority of the performance consisted of sketches based on the idiosyncrasies of characters from each department.

The production was thoroughly professional and the choreography took full advantage of the Greenwood's spaciousness. No one for a minute could doubt the tremendous amount of hard work which must have gone into the evening's entertainment, and whilst it is difficult to single out particular people, the efforts of Stephen Taylor as producer and Roger (friend of "Slicker") Davies as script writer deserve special mention.

Previous productions have often leaned embarrassingly heavily on the physical weaknesses of the staff; however, this year the emphasis was shifted to the hobbies, sayings and simple mannerisms of those being portrayed. The result was just as successful. There were a number of well-observed cameos, mention of which could be libellous, and these received their full share of admiration. The beauty of a Review of this type is that it is evanescent so that whilst brief comment aimed at giving guidance for future productions may be relevant, it is doubtful whether it is a good idea to record all this year's ideas for perpetuity. As it is, the same characterisation appears each year with some subtle twist from each observer, and this is how it should remain.

(continued on page 21)

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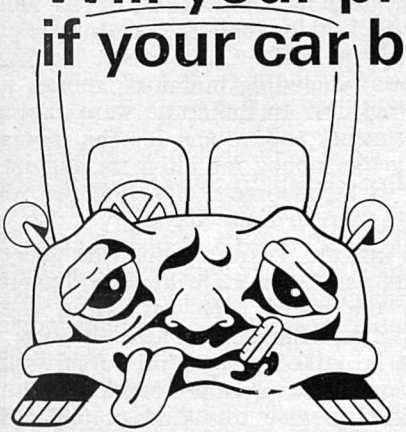

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JOHN HUNTER 1728 - 1793

Rodger G. C. Martin

Anyone who has visited the Royal College of Surgeons cannot have missed seeing the huge collection of preparations and dissections of comparative and human anatomy housed there—including such curios as the skeleton of O'Brynan the Irish giant who was seven feet six and a half inches tall and next to it the skeleton of a Sicilian dwarf, a mere one foot eight inches high. This collection is mainly the result of one man's efforts —those of the Scotsman, John Hunter, a surgeon.

As a child, Hunter was the despair of his parents. At school he played practical jokes or went wandering in the woods around Lanark looking for birds' eggs. "When I was a boy", he said of himself in later years, "I wanted to know all about the clouds and the grasses and why the leaves changed colour in the autumn. I watched ants, bees, birds, tadpoles, and caddis worms. I pestered people with questions about what nobody knew or cared anything about". At the age of 20, after giving up a job in the timber business, he went to join his brother, William, in London. William Hunter was about ten years older than John and a successful surgeon, who gave anatomy lectures to aspiring surgeons. John became his assistant and soon found a niche for himself, becoming a skilled dissector. Then, on his brother's recommendation, he became a surgeon apprentice at Chelsea Hospital, then St. Bartholomew's and finally St. George's. In Cheselden and Pott he had the best teachers of the day and in a few years he had mastered his craft.

He now devoted himself to anatomical studies, dissecting anything he could lay his hands on, realising that only by a comparison of the organs of other animals is it possible to understand the general functions of life—whether normal or pathological. In 1761, after a severe bout of pneumonia, he joined the army and then navy so as to be in the open air and it was during this period of active service that he laid the foundations of his most famous work. In 1763, Hunter returned to London and settled down as a surgeon; he bought a large country house in Earl's Court where he kept a great number of animals in the meadows—including buffaloes, zebras, an opossum, leopards, jackals and numerous reptiles. In the house were dissecting rooms, rooms for physiological experiments and rooms for the storage of collections. His practice had to supply the money for all these activities and in 1768, he was appointed surgeon to St. George's. By 1783 he was earning five thousand a year, an enormous sum in those days.

In 1773, John Hunter began giving private lectures upon the theory and practice of surgery. The course lasted for 6 months with three lectures a week, the fee being four guineas for the whole. He was not a good lecturer and read only from manuscripts, nevertheless his lectures were a big departure from previous ones in that he talked on general surgery and included anatomy, physiology and pathology to give a more complete picture of the subject. No one was better qualified to give this kind of talk. He approached the problems of pathology from the practical aspect and in a mood free from prejudice. In 1786 he published *On the Venereal Disease* which remained a standard text until well into the nineteenth century. It did, however, contain many serious errors—instructive to us now because they were originated by experiment. Experimenters then were

inclined to put blind faith in the experiment rather than trying to get the correct interpretation from it.

Hunter worked unceasingly in his later years and, despite being troubled by angina, he would be up before six and rarely go to bed before one, recording all the observations of the day before going to bed. He died in 1793 and a year later his life work *A Treatise on the Blood, Inflammation, and Gunshot Wounds* was published. The work is considered a milestone in the development of general pathology. In it Hunter writes: "Inflammation in itself is not to be considered as a disease, but as a salutary operation, consequent either to some violence or some disease . . . Inflammation is not only occasionally the cause of disease, but it is often a mode of cure, since it frequently produces a resolution of indurated parts, by changing the diseased action into a salutary one, if capable of resolution". A great step forward from the great morass of speculative ideas on inflammation before Hunter's time.

What then was Hunter's historical significance? It seems to me that he threw open the field of surgical observation and experiment to general medicine, enabling all doctors to turn it to account. He was a working surgeon, but he was also a man of science. He wasn't content to say, "How can I best heal this wound?" He inquired: "What does this wound signify to the organism? By what mechanisms does the organism safeguard itself against the effects of the wound?" In this way he passed from the domain of surgery to pathology. Because of his vast experience of anatomy he never got lost in a maze of speculation and he was devoid of the preconceptions of the physicians of the time. Along this path he was a pioneer hastening greatly in advance of his time, and he constructed the first bridge between surgery and medicine.

NOTICE

ISSUES IN HEALTH CARE GROUP

The inaugural meeting of the Guy's Issues in Health Care Group will take place on Monday, 7th February, at 5.30 p.m. when Dr. Julian Tudor Hart will speak on "A new kind of doctor".

The Group has been set up with the aim of stimulating an awareness of political, economic and social issues which relate to medicine and health care in this country. The Group believes that medicine is not practised in a vacuum and that we need to understand how external events can influence health care.

It is hoped to arrange approximately monthly meetings and speakers approached for future dates include Dr. Jeremy Swayne, a G.P., who will speak on "The Limitations of Modern Medicine", Peter Townsend, Professor of Sociology at Essex University and Marshall Marinker, Professor of Community Health at Leicester University.

Details of future events and the venue for the Tudor Hart meeting will be announced shortly.

BMS COURSE

This month we continue our review of the BMS Course with contributions from the Biochemistry, Pathology and Genetics teachers. To counterbalance this Mr. Wesley Scott-Smith will contribute the views of the students who have survived the course next month.

THE BIOCHEMISTRY COURSE

Barbara Moreland

Biochemistry Department

Since the inauguration of the BMS course in October, 1973, the Biochemistry course at Guy's has undergone considerable reorganisation following the retirement of two senior members of the teaching staff, Dr. F. H. Brain and Dr. W. L. G. Gent, who together were responsible for the major part of the teaching in terms I and II. The appointment of two new lecturers, Dr. C. Sanders in October, 1975, and Dr. M. J. P. Higgins in May, 1976, gave the department the opportunity to reconsider the balance and emphasis of the lecture course planned for October, 1976, keeping within the present limits of a lecture course totalling 70 hours and an average of 9 practical/tutorial sessions per term.

Term I has traditionally been considered as a foundation course dealing with the structures of compounds of biological importance such as amino acids, proteins, sugars and nucleic acids, as a necessary basis for the discussion of their metabolism and function later in the year. To break up this rather heavy series of "organic chemistry" lectures, it was decided to follow the lectures on the chemistry of the amino acids with a discussion of the properties of proteins and an introduction to their function within the body as either structural components of the cell, transport proteins or as enzyme catalysts. A study of the specificity of enzymes and the various mechanisms by which their activity is regulated would also provide a background for understanding the action of drugs and hormones in the body. Other changes in this early part of the course are the inclusion of two new lectures on the chemistry of the immune system, and one on the blood clotting system, both topics developing further the theme of the biological function of proteins.

Term II covers the structure of the nucleic acids, their function as the genetic material of the cell, and their role in directing and controlling protein synthesis. This part of the course is successfully integrated with the Biochemical Genetics course and provides a comprehensive framework of information enabling the student to understand the structure and action of antibiotics, and the molecular basis of genetic disorders, and to recognise future possibilities and limitations of genetic engineering in the treatment of hereditary diseases. Other new topics introduced in Term II are the abnormalities of lipid transport and metabolism associated with atherosclerosis, and the specialized functions of membranes.

The syllabus of Term III (mainly intermediary metabolism) remains for the moment essentially unchanged but in Term IV new special topics lectures have been introduced to reflect the particular research interests of the members of the Department; the regulation of cholesterol metabolism and its association with coronary disease, the biochemical approach to the study of muscle diseases, and the metabolism of steroid hormones.

Integration of the Biochemistry course with other subjects has been planned wherever possible but there are inherent difficulties in matching the development of an essentially unifying subject that describes behaviour at the molecular level common to all cells, with subjects such as anatomy and physiology which describe the structure, function and integration of larger biological assemblies. In retrospect, inter-departmental co-operation has been most successful with the series of lectures on nucleic acids and protein biosynthesis designed as part of the genetics course, and the steroid metabolism lectures which form an essential part of the human reproduction course.

Six practical classes, co-ordinated with the appropriate lectures, are held each term to demonstrate biochemical and clinical techniques and to give students the opportunity for experimental verification of information given in the lecture course. Wherever possible these practical classes are run on small group teaching lines to provide maximum opportunity for informal discussion on all aspects of the course; we have found in the past that these small classes can to a certain extent compensate for the lack of a regular tutorial system.

The question of tutorial sessions has always been a vexing problem in the Biochemistry Department. The particularly low staff-student ratio, (9 academic staff responsible for teaching four full-time courses: Preliminary Year, B.M.S., 2nd B.D.S. and the intercalated B.Sc. course) has meant that it has been virtually impossible to timetable any regular tutorial system. In the previous 2nd M.B. course, biochemical tutorials were arranged only in the Summer Term for those students who had failed the 2nd M.B. Examination in March. In the 1975/76 B.M.S. course, tutorials were organised on a trial basis at the end of the Spring Term before the Part I Exam. and again in the Winter Term before Part II. The response to these tutorials was disappointing. Although attendance was voluntary and the topics for discussion publicised well in advance, many students contributed nothing to the discussion and indeed showed no indication of having prepared for the tutorial, not even to the extent of reading through lecture notes or textbooks. This was discouraging for the staff who had spent much time and effort in organisation. We would welcome constructive comment on this point—were the tutorials too few and too late? Perhaps students do not feel the need for tutorials as part of the Biochemistry BMS course?

What changes can be predicted for the future in the Biochemistry course in this and other medical schools? As we well know, there is constant pressure on the part of the medical student for diminishing the proportion of time spent on formal practical work in the laboratory and replacing experimental work with demonstrations, films and informal discussion sessions. Certainly the practical Biochemistry course should be reviewed at regular intervals to keep pace with the introduction and development of new techniques of clinical importance, and to reassess whether certain topics could be dealt with more satisfactorily by other teaching methods. In view of the ready availability of modern teaching aids such as film loops and tape/slide programmes, the previous emphasis on routine practical work as an essential part of the teaching course has been called into question. These are certainly interesting opportunities which we are currently pursuing to provide a variety of approaches for teaching laboratory techniques, and also to provide individual teaching programmes for revision of the material covered in the practicals and lectures. The total abolition

of practical classes would mean that our medical students would lose their opportunity to experience at first-hand present-day scientific techniques and to appreciate the problems involved in handling biological material. In our view, this would be a betrayal of our responsibility for medical education.

Changes in the lecture course might be directed towards the further integration of topics within the syllabus, so that, for instance the structure and properties of carbohydrates could be followed by a study of their metabolism in the normal individual and then by a discussion of their abnormal metabolism in disease.

A new Departmental Head will be responsible for the course after September, 1977, and his plans are unknown.

GENETICS IN THE BMS COURSE

M. G. Daker

Paediatric Research Unit

Genetic principles are so much a part of medicine in prognosis, diagnosis, prevention and treatment, that they have been taught and practised under a variety of guises for many years. One suspects medical students, and possibly even the teachers on occasion, do not always appreciate this fact, but they might be forgiven, for the subject is diverse: indeed it is no longer very meaningful to speak simply of "genetics", but rather one must add the appropriate handle. Thus to quote but a few we recognise: cyto, immuno, pharmacological, microbial, behavioural and "clinical" genetics, each of which is nowadays a very specialised field in its own right, with its own body of knowledge and research.

Although a certain amount of genetics has formed a part of the traditional teaching at Guy's, the introduction of genetics into the BMS course as a subject is a new departure and initially required a considerable amount of thought as to how best it should be presented. At the outset, therefore, we sought the advice of everyone on the teaching staff of Guy's who we thought might wish to play a part in teaching the subject. The interest shown was considerable, and it was felt that because of this the course should run on a multi-teacher basis. It was hoped that by so doing it would emphasise to the students the multi-disciplinary nature of the subject. In deciding on this approach we were very much aware of the possible dangers. Firstly, the difficulty of ensuring continuity and integration *within* the course, and secondly because of the specialist nature of many of the participants, the risk of covering topics in too great a depth. It was stressed therefore that the content be restricted in the main to principles. It was also pointed out that genetics should not be considered the sole reserve of the genetics course, but that it was to be hoped that some aspects dealt with in principle could be amplified by teachers in other disciplines. Biochemistry is a case in point.

The full time allotted to genetics is 40 hours, and of this about 30 are used for lectures, the remainder being taken up by films, demonstrations and exams. In addition, it is our policy to hold one or two dates free at the end of the term to allow for discussions or supplementary lectures which might be requested by the students. We hope they will avail themselves of this chance.

Planning the content of the course has not been easy. One of the problems is that the first year students have very differing backgrounds with regard to the amount of genetics they have been taught. An increasing number of schools teach the subject well and have introduced their students to many of the modern concepts, but there are others where the teaching in this field appears to be inadequate, or inappropriately taught to the extent of engendering aversion to the topic in the mind of the student. In the BMS course, therefore, we have to cater for the less well informed, and the first half of the syllabus (terms I and II) covers the basic facts about genes, chromosomes, and the laws of heredity. During this stage we integrate with the biochemical course at the point where they are covering nucleic acid structure and function, and the rudiments of molecular genetics. Thus we avoid duplication of teaching and at the same time emphasise the connections between the disciplines. It would be gratifying to be able to point to other areas where we have integrated but apart from this and the links with the cytology course, we cannot aim at integration at the BMS level: the relevance to and integration of genetics into medical practice has to wait for the clinical years ahead. Towards the end of the second term we include two lectures on microbial genetics which we feel are particularly important. It is well known that our understanding of many of the fundamental principles of genetics come from this field of research, but in addition, all now seems set for the imaginative use of microbial genetic approaches to the problems of human gene mapping, as well as to the modern molecular technology that rests on recombinant DNA.

The second half of the course falls in term three. In contrast with the first two terms, the work becomes more clinically and medically orientated, covering the genetics of blood groups, haemoglobinopathies, inborn errors of metabolism, the human karyotype, chromosome anomalies, prenatal diagnosis and genetic counselling. Finally the course ends with a brief consideration of some of the more recent developments including somatic cell genetics and genetic engineering.

Student assessment is by means of a multiple choice question examination of an hour and a half duration at the end of term three. Although there are some who have reservations about this method of examination, it was considered that a conventional written exam in the time allotted would not be a suitable means of assessing the students when a relatively large number of teachers (last year, 14) are to be involved.

In conclusion, we have tried to provide a course in which we give an elementary introduction to genetics designed in such a way as to emphasise the multi-disciplinary nature of the subject. The content of our course is still evolving, and this is aided by the feedback which we have received from the students themselves, which is generally constructive and helpful. At the end of the course we hope that the students will see the relevance of genetics to medicine and understand the basic principles, so that they will have the essential framework on which to build in their subsequent clinical years, and in the years of practice that will follow.

GENERAL PATHOLOGY IN THE BASIC MEDICAL SCIENCE COURSE

D. R. Turner

Reader in Pathology

The teaching of Pathology at Guy's has always been divided into a number of different components presented or available at different times during a student's course. The decision was taken within recent years to establish a main block of Pathology teaching (lasting 10 weeks) in the first clinical year. This is preceded by a course in General Pathology during the second year of the Basic Medical Science Course. It was originally envisaged that the teaching of General Pathology at this time would be integrated vertically with the teaching of histology and cytology in the first Basic Medical Science year and horizontally with the teaching of anatomy, physiology, biochemistry, pharmacology and the clinical demonstrations. However, these various constraints resulted in an impossible arrangement of lectures which left no possibility to evolve basic Pathology concepts. We therefore, resolved to concentrate on achieving the latter so far as we were able. The term Pathology embraces histopathology, microbiology, chemical pathology, haematology, immunology and forensic medicine. A general course which attempts to deal with all of these is in danger of being too superficial and fragmentary.

The time available for our course was one lecture per week for three terms (27 lectures) and approximately half that number of practicals (lasting 1 hour each). The autumn term deals principally with inflammation and some basic immunology. The spring term contains the disorders of growth, including neoplasia and the degenerative disorders with thrombosis, embolism and infarction. The summer term deals with a series of general basic topics in microbiology followed by three basic lectures in haematology. The practical classes which follow the lecture topics are run with the aid of black and white television to explain the microscope slides which the students have under their own microscopes. Alternatively, demonstrations are used in some cases, where it is not appropriate for the class to carry out the practical work themselves. Many of the subjects dealt with on this course are also available in the form of tape slide programmes in the Gordon Museum.

One further requirement of the General Pathology Course is that it should provide sufficient basic knowledge for those students who wish to spend the next year doing a B.Sc. in Pathology. Many students have done this successfully in the past.

In order to assess the value of the General Course and to provide the students with some idea of their knowledge, an M.C.Q. is carried out at the end of the academic year. The results appear to be favourable, but perhaps we have designed a test to produce the results we prefer !

It is clear that we have not yet achieved an ideal course of General Pathology in the second Basic Medical Science year. We have made some further modifications this year by bringing more basic immunology into the autumn term. I am sure this course will continue to evolve and we are grateful for suggestions and advice as to any further steps we should take.

EXTRACTS FROM AN EXAMINATION PAPER IN SOCIO-EPIDEMIOLOGY

Question 1. It is probable that a man in Socio-economic classes 7-8 will become a Socio-Epidemiologist.

Answer: True.
False.
Do not know.

Question 2. A G.P. in a rural area refused to respond to any communications from the department of socio-epidemiological medicine in spite of repeated approaches (10 x $\sqrt{42.5}$ Cos A). He even fired a blunderbuss into the buttock of a District Midwife Assessor and has only replied to 2 of the 7,038 letters sent to him by the department over the last three months. He says that he has no time as he has to see people he refers to as patients.

What can he possibly mean?

(Answer Yes or No.)

Question 3. What advice would you give to the father of 2·4 children?

(Answer Yes or No.)

Question 4. A girl called Sally has been known to wear a night-dress. A social worker has found that by drenching the night-dress in paraffin and holding a blow-torch to the hem, the night-dress caught fire.

Name any articles which you may consider pose a similar threat. (Not less than 3,000 items.)

Question 5. A four-year-old boy with appendicitis is involved in an accident while on the way to hospital in an ambulance, as a result he breaks both legs, one arm, ruptures his spleen and is semi-conscious.

Give the 24 reasons why this boy should be seen in the department of Socio-Epidemiological Medicine (S.E.M.) before being referred to Casualty.

(Do not write more than 1,000 words.)

Question 6. You are the first to arrive at the scene of a railway accident—should you :

(a) Dial 999 and call for a doctor.
(b) Run away.
(c) Self-administer I.V. Valium.
(d) Take a complete Social History from the driver.

(Write a 2,335 word essay on why (d) is the correct answer.)

Question 7. A 52-year-old man is admitted to hospital with the symptoms of a myocardial infarction. Subsequent examination, E.C.G. and laboratory tests confirm the diagnosis. He has been happily married for 21 years and has four children of whom he is inordinately fond. He has looked after his aged parents, is a life-long Rotarian and always pays his fare on the buses.

Are these people worth saving?

(Answer Yes or No.)

PHYSIOTHERAPY

OPTIONS FOR THE FUTURE

To trot out a tired old phrase, it's a funny world. Why, in this context? Because, for the past quarter century or more physiotherapy has been struggling to make itself acceptable as an entity, as a recognisably distinct profession with a unique contribution to make towards the welfare and recovery of patients, and now, post-McCarthy, it seems as if we amalgamate or perish.

The options are clearly spelled out, and are three-fold. We could, as physiotherapists alone, continue with our present organisation and concern ourselves solely with professional matters, losing all voice on the staff side of our functional Whitley Council. We could split ourselves in two, rendering into our professional association that which is its peculiar concern and joining in a recognised and TUC-affiliated union for those matters which are their concern. We could otherwise amalgamate, confederate or whatever other collective verb you care to think of—with other paramedical groups in order to form a large enough body to merit representation. For there seems little doubt that the key to "making Whitley work" is proportional representation, and this relates, purely and simply, to numbers, numbers of Health Service employees, with no regard to evaluation of the contribution to the service that each individual makes.

Accepted, such an evaluation would be extraordinarily difficult to make. How many workers in X group equal how many in Y? Until a Solomon-figure becomes Secretary of State we will never know, and we probably—certainly?—would not agree with his findings if he did, but it is, at least, perturbing to contemplate the choices.

In the therapy microcosm, there have been successive attempts to persuade the several mutually wary and suspicious professions to join up in some way, to combine their training, to merge their identities. How many committee man-hours have been spent this way? A few years ago it seemed practicable, a coming-together was discernible, and at least one common first-year course has been successfully designed and followed by O.T.'s and physiotherapists. Even now, there is a hint that the RG and physiotherapy training might yet be combined.

But in other ways, the divergence seems to have become all the more marked, and there are good reasons for believing that the patient will be better served by that very condition.

How ironic, then, that we should now be faced with the prospect of some form of combination, not for professional reasons, not because it is felt that in this way we would perform our function any better, but because it fits us more comfortably into the staff-representational mould. For, in short, administrative reasons. How ironic that, having looked minutely at our own curricula and spheres of work we have decided that we are better apart, and yet here we are being pushed together. For, surely, this is the option that will be chosen, and if amalgamation at the bottom has proved difficult, we must see to it that combination at the top fares better.

NURSING

NURSE EDUCATION AND THE ECONOMIC SITUATION

In recent weeks, much publicity has been given to the fact that many of the Area Health Authorities, particularly in the London Area, are in danger of having to reduce their services due to lack of funds.

Shortage of money is, of course, not a new feature within the Health Service, but it has been worsened by the present economic situation. The result is that hospitals are threatening to close beds and lower the already inadequate numbers of staff, in what appear to be panic measures.

The principle of a free Health Service for everyone is, of course, very laudable, but it is unfortunate that since politicians with no training in this field have become involved with the hospitals there has been no long-term planning or adequate consideration given to the needs of the sick. Furthermore it is true that those hospitals which have in recent years completed new building projects did so in many instances as a result of the ideals envisaged by their governors many years ago, and not as the result of any energy expended by various Ministers of Health.

It is interesting then to ponder on the possible outcome of some of the present day policies as regards nurses.

It is a well known fact that many hospitals have had insufficient numbers of nurses for many years. However, the present situation has meant that the money available to employ such staff has been drastically reduced in order to keep the large armies of administrators in post. It seems, however, to have escaped the minds of many that in three years' time the number of trained staffs will be lessened considerably due to the fact that the trainees are now being reduced. Furthermore the number who have had specialist training in post basic education will also be less since there is at present a certain reluctance to enrol for short courses when there is no guarantee of a post afterwards.

It would seem, therefore, that at a time when the quality of nurses could be dramatically improved there is no chance of this happening and, moreover, when there is an improvement in the economic situation, wards will again be closed due to staff shortages, and the patients yet again will not see any improvement in their standards of care.

Dental Review (continued from page 10)

Each of the major departments was portrayed during the evening, the most coherent being the "Dad's Army" sketch using characters drawn from the Conservation Department. Whilst one can understand the urge to make sure that all receive their quota of "stick", the need for a full-blown sketch for each is questionable. The result of this over-enthusiasm was that the capacity audience had to sit (mercifully in comfort) for nearly three hours, both in anticipation and in receipt of the show. Perhaps future writers and producers could direct their talents towards some great integrated extravaganza—a sort of dental "Ball of Kirremuir", in which they could bring together a multitude of characters from many departments. This could only assist in bringing back together the Dental Department as a happy and unified body rather than perpetuating the compartmental nature which the move to the Tower has created.

D.B.

THE GORDON MUSEUM AUDIO-VISUAL SECTION

Brendan Hicks

Clinical Tutor

The facilities for use of learning aids such as tape-slide programmes and cine loops have now been concentrated in the Gordon Museum. The library of such aids has been expanded with carefully selected material, and the range has broadened with the addition of colour videocartridge equipment which enables students to use TV learning tapes for study. The whole collection is enriched by the specially endowed Dunhill Dermatology Room. Together the collections now include over 160 programmes.

This complete list of programmes is being publicised for the benefit of:

(a) Students, who may not realise the range of material available;

(b) Junior staff, who will find many of these programmes valuable for their own learning;

(c) Those who teach, who may find material which complements their courses and to which students might be directed. Some teachers may not be aware of the enormous classified slide collection from which slides are available on loan. Mr. Dawes, the chief technician, will be happy to advise prospective users.

The newly acquired ICI Series on Cardiac Auscultation is an excellent example of programmes whose users will range from absolute beginners to postgratuates such as cardiac registrars. Each of the eighteen "units" in this series is made up of a book, a videocartridge, a sound cassette and a set of very fine slides, each "unit" relating to one structural heart lesion. Programmes like this can be stimulating either as vehicles for individual learning or as the basis for small group discussions, viewing, tutorials, etc.

Viewing arrangements

These programmes are available from the Curator's office for use between 9.00 a.m. and 5.00 p.m. (occasionally later, by special arrangement), Monday to Friday.

TAPE SLIDE PROGRAMMES

A-1	Heart sounds and murmurs	120 mins
A-2	Venous disorders of the lower limb (Mr. A. R. Calo)	30 mins
A-ICI-1	Auscultation and the normal heart	15 mins
A-ICI-2	Pure mitral stenosis	15 mins
A-ICI-3	Pure mitral regurgitation	11 mins
A-ICI-4	Mitral stenosis and regurgitation	11 mins
A-ICI-5	Pure aortic stenosis	10 mins
A-ICI-6	Pure aortic regurgitation	12 mins
A-ICI-7	Aortic stenosis and regurgitation	11 mins
A-ICI-8	Tricuspid valve disease	10 mins
A-ICI-9	Atrial septal defect	13 mins
A-ICI-10	Ventricular septal defect	13 mins
A-ICI-11	Persistent ductus arteriosus	12 mins
A-ICI-12	Pulmonary valve stenosis	10 mins
A-ICI-13	Fallot's tetralogy	12 mins
A-ICI-14	Coarctation of the aorta	8 mins
A-ICI-15	Supravalvular aortic stenosis	9 mins
A-ICI-16	Subvalvular aortic stenosis	10 mins
A-ICI-17	Idiopathic hypertrophic sub-aortic stenosis	10 mins
A-ICI-18	Transposition of the great arteries	8 mins
B-1	How to read a chest film (Dr. L. Kreel)	17 mins
B-2	The large homogenous or confluent shadow (Dr. L. Kreel)	44 mins
B-3	Hypertransradiancy of the lung (Dr. L. Kreel)	17 mins
B-4	Nodular shadows in the lung fields (Dr. L. Kreel)	26 mins
B-5	Emphysema and chronic bronchitis (Dr. Lane)	34 mins
B-6	Asbestosis (Dr. A. Somner)	18 mins
B-7	Sarcoidosis (Dr. P. O. Leggat)	17 mins
B-8	Bronchial carcinoma (Dr. B. Stack)	21 mins
C-1	Examination of the abdomen (Drs. Wittle & Javett)	22 mins
C-2	Bowel sounds	22 mins
C-3	Cirrhosis—part I (C. D. Holdsworth)	15 mins
C-4	Cirrhosis—part II (C. D. Holdsworth)	15 mins
C-5	Acute abdomen—part I—inflammation (Mr. A. N. Smith)	15 mins
C-6	Acute abdomen—part II—obstruction (Mr. A. N. Smith)	15 mins
C-7	Acute abdomen—part III—perforation (Mr. A. N. Smith)	17 mins
C-8	Gall stones (Mr. R. Irving)	29 mins
C-9	Cancer of colon & rectum (Mr. A. N. Smith)	17 mins
C-10	Peptic ulcer	20 mins
D-1	Radiology of joint disease (Dr. R. Hacking)	18 mins
E-1	Urinary calculi (Mr. Kinder)	18 mins
E-2	Sexually transmitted diseases today (Dr. D. Oriel)	20 mins
E-3	Gonorrhoea (Dr. D. Oriel)	21 mins
E-4	Non-gonococcal urethritis (Dr. D. Oriel)	22 mins
E-5	Infective vaginal discharge (Dr. D. Oriel)	20 mins
E-6	Homosexuality and its problems (Dr. D. Oriel)	20 mins
F-1	Acute renal failure (I-IV) (Prof. Cameron)	20 mins x 4
F-2	Renal immunology (Dr. K. Peters)	48 mins
G-1	Immune deficiency states (Prof. Lessof)	20 mins
G-2	Henoch-Schonlein purpura (Dr. R. Jackson)	13 mins
H-1	Introduction to endocrinology (Dr. J. Hadden)	18 mins
H-2	Hyperthyroidism (Prof. R. Hall)	20 mins
H-3	Acromegaly—a clinical approach (Prof. R. Hall)	38 mins
H-4	Introduction to diabetes mellitus (Dr. J. Hadden)	35 mins
H-5	Pituitary releasing hormones (Prof. M. Besser)	45 mins
H-6	Gut endocrinology (Dr. S. R. Bloom)	40 mins
I-1	Polycythaemia rubra vera (Dr. J. S. Malpas)	12 mins
I-2	Treatment of acute leukaemia (Prof. Hamilton Fairley)	26 mins
I-3	Treatment of Hodgkin's disease in 1974 (Prof. Hamilton Fairley)	25 mins

J-1 Examination of the eye (Dr. M. Bedford) 20 mins
J-2 The Red eye (Dr. M. Bedford) 26 mins
J-3 "I can't see very well" (Dr. M. Bedford) 23 mins

K-1 Lichen Planus (Dr. E. Cronin) 35 mins
K-2 Scabies (Dr. E. Cronin) 30 mins
K-3 Generalised pustular psoriasis (Dr. T. Ryan) 28 mins
K-4 Skin diseases and the eye (Dr. J. Gilkes) 18 mins
K-5 Dermatitis herpetiformis (Dr. T. Ryan) 20 mins
K-6 Acne Vulgaris (Dr. R. Marks) 27 mins
K-7 Rosacea (Dr. R. Marks) 28 mins
K-8 Pityriasis rosea (Dr. E. Cronin) 24 mins
K-9 Pigmented naevi (Dr. H. Baker) 32 mins
K-10 Bacteria pathogenic on human skin (Dr. W. C. Noble) 23 mins
K-11 Skin tumours (Mr. Lawrie) 19 mins
K-12 Psoriasis—some clinical aspects (Dr. J. Delaney) 20 mins
K-13 Quiz—questions (Dr. Barbara Leppard) 10 mins
K-14 Quiz—answers (Dr. Barbara Leppard) 22 mins
K-15 Statistics (Dr. W. C. Noble) 22 mins
K-16 Cutaneous leishmaniasis (Dr. W. Griffiths) 20 mins
K-17 Congenital abnormalities of the nails (Dr. P. Samman) 15 mins
K-18 Cysts of the skin (Dr. B. Leppard) 15 mins
K-19 Immunofluorescence of the skin (Dr. Arthur Knight) 12 mins
K-20 Drug rashes (Dr. Arthur Knight) 18 mins
K-21 Bacterial infections of the skin (Dr. L. G. Millard) 23 mins

L-1 Genetic disease—part I (Prof. C. Havard) 19 mins
L-2 Genetic disease—part II (Prof. C. Havard) 18 mins
L-3 Principals of genetic counselling for dermatologists (Dr. Wells) 18 mins
L-4 Epidemiological techniques (Dr. W. C. Noble) 15 mins

M-1 Total abdominal hysterectomy (Mr. T. Coltart) 12 mins
M-2 Irritation of the vulva (Mr. C. N. Hudson) 19 mins
M-3 Fibroids (Mr. A. Letchworth) 17 mins
M-5 Multiple pregnancy (Mr. C. N. Hudson) 13 mins
M-6 Breech delivery (Mr. C. N. Hudson) 25 mins
M-7 Post Partum Haemorrhage Part I (Mr. J. Bonnar) 14 mins
M-8 Post Partum Haemorrhage Part II (Mr. J. Bonnar) 15 mins

N-1 Diagnosis of peripheral nerve lesions (USPHS) 20 mins
N.2 Ulnar nerve lesions (Mr. N. J. Barton) 51 mins

O-1 Vascular injuries (Mr. J. S. Lumley) 19 mins
O-2 Blunt abdominal injuries (Mr. A. R. Calo) 27 mins
O-3 Head injuries (Mr. J. S. Lumley) 23 mins
O-4 Burns
O-5 Medical radiological emergencies
O-6 Skin suture (Dr. E. Latimer Sayer)
O-7 Suturing
O-8 Tracheostomy (Dr. G. D. Parbrook) 26 mins

P-1 Role of Pathology, Materials and methods
P-2 Role of Pathology, Materials and methods
P-3 Man, Environment and disease
P-4 Man, Environment and disease
P-5 Modification of effects of external environment at body surfaces
P-6 Cell homeostasis
P-7 Cell homeostasis
P-8 Tissue homeostasis
P-9 Organ, body & community homeostasis
P-10 Immunity
P-11 Immunity
P-12 Inflammatory response & repair
P-13 Inflammatory response & repair
P-14 Inflammatory response & repair
P-15 Neoplasia
P-16 Neoplasia
P-17 Abnormal accumulations
P-18 Infection and infectious disease
P-19 Effects of some physical environmental agents on body homeostasis
P-20 Circulatory disturbances
P-21 Circulatory disturbances
P-22 Developmental abnormalities
P-23 Ageing
P-24 History of Pathology

Z-1 Prostaglandins in medicine (Dr. A. Bennett) 35 mins
Z-2 Shock (Mr. R. Irving) 25 mins
Z-3 Nature & management of pain in terminal malignant disease (sound only) (Dr. C. Saunders) 42 mins
Z-4 Mechanism of action of anti-microbial & other cytotoxic drugs—part I (Prof. R. Spector)
Z-5 Mechanism of action of cytotoxic drugs —part II (Pro. R. Spector)

VIDEO-CARTRIDGES

V-1 Examination of the cardiovascular system
V-2 Examination of the respiratory system
V-3 Examination of the abdomen
V-4 Examination of the cranial nerves
V-5 Examination of the nervous system
V-6 Aetiology of multiple sclerosis
V-7 The hidden threat: slow viruses
VICI-1 Auscultation and the normal heart
VICI-2 Pure mitral stenosis
VICI-3 Pure mitral regurgitation
VICI-4 Mitral stenosis and regurgitation
VICI-5 Pure aortic stenosis
VICI-6 Pure aortic regurgitation
VICI-7 Aortic stenosis and regurgitation
VICI-8 Tricuspid valve disease
VICI-9 Atrial septal defect
VICI-10 Ventricular septal defect
VICI-11 Persistent ductus arteriosus
VICI-12 Pulmonary valve stenosis
VICI-13 Fallot's tetralogy
VICI-15 Supravalvular aortic stenosis
VICI-14 Coarctation of the aorta
VICI-16 Subvalvular aortic stenosis
VICI-17 Idiopathic hypertrophic sub-aortic stenosis
VICI-18 Transposition of the great arteries

PROGRAMMES FOR THE CINE-LOOP PROJECTOR

Cine-1 Ichthyosis linearis circumflexa
Cine-2 Mal de meleda
Cine-3 Subcorneal pustular dermatosis
Cine-4 Early cutaneous leishmaniasis
Cine-5 Late cutaneous leishmaniasis
Cine-6 Demodex folliculorum
Cine-7 Turban tumour
Cine-8 Pellagra and other avitaminoses in the Bantu
Cine-9 Sputum
Cine-10 Soft tissue injuries (*donated by Merck, Sharp & Dohme*)
Cine-11 Diuretic therapy (*donated by Searle*)

CURIOUS PROBLEMS No. 13

As a finale to curious problems, here is a brainteaser that has stimulated more hours of thought and insomnia than many I know.

TO TRAP A "MAVERICK"

Clive's job at the billiard ball factory is to check that the weight of each ball is the same, and to reject the occasional ball whose weight is not standard. His only equipment for the purpose is an accurate balance having a sizeable pan on each side.

When Clive returned from the canteen one day, his colleague confessed that he had accidentally dropped one reject ball (whether heavier or lighter than standard he did not know) into a bin containing fourteen dozen balls of proper weight. Since all looked and felt alike, Clive had to reweigh the whole lot in a way which would ensure identification of the reject ball in the minimum number of weighings requisite.

How many weighings were required altogether?

ANSWER TO CURIOUS PROBLEM No. 12

LOGIC FOR A RAINY DAY

(1) If Ansley's second statement were true, his first would be true also. So A's first statement is true, and his second untrue. Therefore A owns T, J or W.

(2) Briggs clearly owns either J or W.

(3) If Denby's first statement were true, his second would be true also. So D's first statement is untrue, and his second true. Therefore D owns the Rover, J or W.

(4) Craig's first statement could be true only if he owned either J or W. He would then know that B owned whichever of these two he himself did not own, and therefore that A owned T. But C would then stand up after D's statements, knowing that D owned the Rover and therefore that E owned the Rolls. As C does not then stand up, his first statement must be untrue and he owns neither J nor W. As his second statement is true, he does not own T either. Therefore C owns the Rover or the Rolls.

(5) After D's statements (and C's failure to stand up), A would stand up if he owned J (knowing that B, D, C, E owned W, Rover, Rolls, T); he would also stand up if he owned W (knowing that B, D, C, E owned J, Rover, Rolls, T). But he does not stand up; A must own T.

(6) Now consider the position of E before he speaks. He has drawn all the above conclusions from the fact that nobody has yet stood up. He would stand up if he owned J (knowing that A, B, D, C owned T, W, Rover, Rolls). or if he owned W (knowing that A, B, D, C owned T, J, Rover, Rolls). But he does not stand up; so everyone knows before he speaks that E does not own J or W, nor does he own T (which A owns). Therefore E owns the Rover or the Rolls.

(7) So E's first statement must be true, since he does indeed know that C's car is whichever of the Rover and Rolls he himself does not own. So E's second statement is untrue. So E owns the Rolls. Therefore C owns the Rover.

(8) Nobody can tell how J and W are distributed between B and D, except B and D themselves.

I.E. Briggs and Denby stood up. Craig owns the Rover.

BOOK REVIEWS

"Nutrition and its Disorders"—2nd edition by Donald S. McLaren. Pp. 293. Price £3.25. Published by Churchill Livingstone.

This useful paperback has been extensively revised following the first edition four years ago and incorporates the considerable advances made in the field of nutrition in the last few years. Many topics have been updated including trace elements, energy and protein requirements and vitamin D.

The book is divided into four parts and commences with a section on normal nutrition which suffers from being too brief. It is necessary to have a textbook of biochemistry and physiology handy particularly whilst reading about vitamin A and the vitamins which act as co-enzymes. However, a lot of ground is covered. Topics such as body composition, food, sources of nutriment, nutriment physiology and metabolism and nutritional requirements are dealt with in 102 pages.

Under and over nutrition are dealt with in the second section in an up-to-date and interesting manner. The third section confines itself to the nutritional disorders which may arise secondary to various disease processes and is a useful summary. The fourth and final section deals with community nutrition which involves a discussion of world food and population problems followed by a dissertation on nutritional assessment and planning of nutritional requirements of populations.

This book provides a vast amount of information in a small number of pages and bridges a gap in medical education. It is not an easy book to read but succeeds in relating nutrition not only as an important aspect of everyday medicine but also to such disciplines as economics, sociology, agriculture and food technology. I would therefore recommend this book to both medical students and doctors.

CHRIS. A. HUGHES

The Life That Lives On Man by M. C. A. Andrews. Pp. 183. Price £4.95. Published by Faber.

The author made a television programme about the life that lives on man, and this book sets out the story in more detail, making fuller use of the material he collected for the programme. Medical students should not need to be told about the commensal bacteria, about the fleas and the lice that live on the surface of the human body, nor about the diseases they are associated with. They should be familiar with opportunistic infections by skin bacteria and with plaque and typhus. What makes the book worth reading even for the initiated is the wealth of fascinating detail with which these matters are described, and the striking illustrations, ranging from old prints to scanning electron micrographs.

Size and distance come to life. The largest British flea is 5–6 mm long, and when it infests the pigmy shrew is equivalent in size to a small predatory lobster living inside one's clothes. A human flea launches itself into space with about twenty times the acceleration of an Apollo moon rocket. If a skin coccus were enlarged to the size of the head of a pin, the human host would be more than a mile high. The author, one notes, did not have to learn all this for yet another exam. He had time to explore enjoyable books and dig out amusing tales with which to illuminate the bare scientific facts. As he found out for himself about skin bacteria and ectoparasites he was understandably fascinated and excited, such as when he learnt that certain arthropods lay eggs through their elbows, urinate through their heads and regularly practise virgin birth.

We are told that in the 17th century tobacco was thought to give some protection against the plague, and boys at Eton were compelled to smoke as a defence against the pestilence. As late as 1963 one house in 10,000 in England was infested with bed bugs, and a yawning child rubbing his eyes was likely to have spent disturbed nights in a bug-ridden home rather than late nights with television. In people who are unusually susceptible to the scabies mite there are thick plaques on the skin which are riddled with burrows and under a lens the mites resemble a crowd coming out of a football match.

In brief, the book is an excellent and well illustrated popular account of the living creatures on the body surface of man, and not too expensive.

CEDRIC MIMS.

"Bacteriology Illustrated". R. R. Gillies and T. C. Dodds. Pp. 247. Price £9.50. Published by Churchill Livingstone.

This is a most attractive book to study —full of beautifully produced colour

photographs and clear line drawings, illustrating the cultural and microscopic appearances of common pathogens and the principles and techniques of testing for them. The illustrations are accompanied by a clearly written text, covering systemic bacteriology, diagnostic methods, protozoology and mycology, and the book is a happy combination of atlas and textbook.

At £9.50, this book is probably more than most medical students are able to afford. Furthermore, for the student approaching M.B.Path., there are some important areas which this book does not attempt to cover. Viruses are omitted and there is no discussion of general medical principles of spread and control of infection. Thus, this book could not be used as the only text for a medical microbiology course. On the other hand, there is a useful section describing correct methods of collection and investigation of clinical samples. The descriptions of individual bacteria, fungi and protozoa are eminently readable, and the many plates could hardly be bettered by any textbook for preparation for the microbiology section of the practical exam.! The unstinting use of pictures also greatly facilitates the understanding of the more complicated procedures of microbiological diagnosis. The book may indeed be of more use to people studying in laboratories than on the wards. However, the book should be in the library available to all students so that they can take advantage of the superb illustrations.

S. A. AMIEL

Aids to Postgraduate Surgery by Meirion Thomas and John S. Belstead. Pp. 140. Price £2.25. Published by Churchill Livingstone.

This small book, compiled by two surgical registrars, is, as its name implies, intended for those who have survived the rigours of final MB and are launched upon a postgraduate surgical career. More specifically it is suitable for those studying for the final FRCS in as much as a caucus of basic knowledge is assumed when discussing each problem.

The book is made up of a series of discussions about forty-six different surgical topics ranging from bladder tumours to parenteral nutrition. Facts related primarily to management are listed and some appropriate, easily accessible references given to look up the statements made. Each topic has been pretty comprehensively covered but inevitably in a work of this kind a certain amount of conventional wisdom is stated but not challenged.

The various topics are grouped in some sort of systematic way, although in some places it is difficult to conceive an order —for example the second topic dealt with is endoscopic retrograde choledochopancreatography (ERCP).

The book is not a text book but will, I think, be a very useful factual resumee concerning management for final FRCS aspirants. In addition I think senior medical students and house officers with some established background information, would find this book a useful guide to current ideas on the range of topics covered.

MARTIN JOURDAN,

CORRESPONDENCE

Mr. J. Tomkinson

Sir,

A few weeks ago, I read in the *Times* that Mr. J. S. Tomkinson, consultant obstetrician and gynaecologist at Guy's, had been appointed Secretary General of the International Federation of Gynaecology and Obstetrics.

Being a lay person, I do not know the full implication of this appointment, but I am told by my medical friends that it is a personal tribute to Mr. Tomkinson and reflects great credit on Guy's.

I wonder, therefore, whether you would allow me, through your correspondence columns, to congratulate him on behalf of his many friends, not least myself, on this well merited and signal honour.

Yours faithfully,
Arthur Franks.

9 Fairacres,
Roehampton Lane,
Roehampton, SW15 5LX.

From Miss Swindells

Sir,

May I please through your columns say thank you to my Guy's friends?

I am most grateful to all those who so kindly arranged parties for my retirement. It was a great joy to be able to share the occasion with so many of my friends.

Thank you also for your most generous gifts. Already I have bought a very lovely topaz brooch and I am looking forward to planting the blue and yellow flowering shrubs when the soil is suitable.

I shall often be reminded of you all and of the many happy years spent at Guy's.

Yours faithfully,
Thirza Swindells.

Hillside,
16 Church Street,
Llandeilo, South Wales.

Thieves in the Chapel

Sir,

I am sure that your readers will be sad to learn that our beautiful silver crucifix and candlesticks have been stolen from the Hospital Chapel. They were chained to the altar but thieves came with chain-cutters, and the police think that it is unlikely that we shall recover them. We hope to receive around £500 from the Insurance Company, but such is the rate of inflation that it will cost £1,350 to replace them, for as many of you know they were made by the Harts of Chipping Campden.

The following possibilities present themselves, and I would be interested to receive the views of your readers.

(1) To appeal for the outstanding money, and replace the crucifix and candlesticks in solid silver, chaining them to the altar again. I am sure many would be only too pleased to contribute, but is it right to spend such money on things which could well be stolen again, especially when one considers the needs of "the living", such as those suffering from renal failure, let alone the needs of the third world?

(2) To replace them, and then to lock them away, except for one or two special services each year. This again may be a wrong use of money, and in any case more money would have to be raised to provide something valuable which could remain on the altar week by week.

(3) To buy something made of silver-plate which would look beautiful, but which could be left on the altar, without providing such a strong temptation to thieves.

Whatever happens the Chapel will remain open, and it is good to know how many staff, patients, and relatives value this place of quiet for their prayers and meditation.

Yours faithfully,

Robert Kempster,
The Hospital Chaplain.

Students' Bar

Sir,

In the light of recent criticism I felt, as Bar Secretary, that the time had come for a little light to be shed on the developing situation.

The glass shortage has always been a problem, but recently has been highlighted by the threat of introducing plastic glasses. Sadly, I have to say that plastic glasses will be brought in, but I will emphasise this point; only for Inflam and Hop nights when the normal stock of glasses run out. This, it is hoped, will reduce the heavy breakages incurred on these nights. Financially, plastic glasses are more expensive although they should last longer. I feel that because they look disposable they will be just as short-lived as their glass counterparts.

The shortage of stock can be explained by our poor credit with the distributors and brewers. If there is a nationwide shortage of some product Guy's is not on the priority list for delivery; because, I am sorry to say, we are not usually prompt enough on paying past bills. This is all due to profit margins, total turnover and a lack of communication between the Bar and the Medical School Office.

Recently there has been a growing decline in the number of bar staff. Could it be that the student grants are too high or is it, as I have heard, that the work is too hard and the pay too little? The bar turnover has increased so rapidly in the last three years that one might think that we had trebled our student intake. A revision of numbers and pay of the staff is required. I feel that a permanent Bar Steward might also be part of the answer to the problem; when a certain standard of service could be maintained and some sort of control could be kept of the general running of the bar throughout the course of an evening. Of the two recently installed tills we have had for the past six months, we have had nothing but trouble from one or the other. This has often had to lead to the closure of one half of the bar, causing increased congestion.

On the good side, it might be agreed by the few, that the recent bar decorations have done something to improve the general state of the bar. The music system has been improved also, by the purchase of a new cassette recorder and amplifier. This is certainly better than the crackling and hiss from the previous set-up. One glass washing machine has been installed, hopefully with another to follow, and this has improved the general hygiene.

I could go on, but suffice it to say that some things have improved, and others . . . well, we will see. Lastly, could I put in another plug; asking for anyone that would like to work on the bar, who has not got examinations in the summer, to contact me via the pigeon holes.

Yours faithfully,

Andre Hedger,
Bar Secretary.

c/o East Wing,
Guy's Hospital,
London, S.E.1.

Who creates the work?

Sir,

"Look doctor, in this Hospital it is the doctors who create the work for us by admitting patients into the Hospital beds."

Until this Christmas I had always assumed that a hospital's work was to care for those patients requiring medical treatment and that it did so in response to a demand from the patient which in acute illness could occur on any day of the year.

Over Christmas 1976, however, Guy's Hospital chose to allocate one of the obligatory extra bank-holidays to Christmas Eve so that out of the eleven following days normal services were only provided on three.

It is very easy to close down to routine cases but what, I asked, was going to happen to those patients who, in spite of the season, had to remain in or enter hospital as they required intensive medical and nursing care. The opening quote was the reply.

Whether it is a seriously ill patient or the doctor who makes the demand on the hospital, I believe that the only person to suffer from a long period of emergency cover, which is very limited, is the patient.

Unfortunately, work is intrinsic to that belief.

Yours faithfully,
Dr. Valerie Wass.

Residents Play

Sir,

I am sorry that Michael Simpson did not think to ask me for some of the details of the Residents Plays which he could not find in the Gazette.

The first Play after the war was in 1947 not 1948 and J. R. Forbes wrote an excellent script. I did most of the lyrics and of course the music, which was rather indifferent so we decided not to record it.

It wasn't the best play but it was very important for the future because I was determined to revive all the traditional features including the Nurses Chorus—all male—and bound to be a winner if all else failed to please the audience.

It was very difficult to put on because many of the cast were rather senior ex-soldiers and none had seen a play in the past.

At rehearsals the leading character was inevitably missing, usually 'putting up a drip' and when someone took his place on the wards the dear chap had forgotten his script and never knew his lines, however brief.

I never worked so hard on any other production and we missed the target line of February and it must have been April when we finally managed to get it all together. At least it went very well.

For the next few years I still had to do a bit of background work to make sure that once started the Play continued as a regular feature and it will indeed be sad if after all these years the play does not go on.

There has been no mention of that brilliant pianist Ken Scott who with Charles de Gruchy produced the best two piano team the Residents Play has ever had. I am fortunate to have two of their pre-war records.

Yours faithfully,
Tom Hills.

Church Hill House,
Merstham,
Surrey.

Friends of Guy's

Sir,

Thank you for the publicity you gave to us for our Christmas Raffle.

The Dolls House was won by ticket No. 1375—Dr. P. Barkhan, the second prize by ticket No. 0811—Miss Katy Smith and the third prize ticket No. 0805—Mlle. B. Bernard.

The sum of £200 was raised by the Raffle and an additional £113 by the sale of knitted goods and toys.

I should like to express our appreciation to all who supported us and to thank the Carpenters who gave their free time to make the Dolls House.

Our next project will be our Fete 1977 to be held on Wednesday, 25th May when we hope to raise funds for the renewal of the radio systems in the Hospital.

We should be grateful if anyone who wishes to help in any way could contact the Services Branch office.

We continue to run a Flower Service and Trolley Shop Service to the Wards and extra help is always needed.

We should be pleased to hear from anyone who would care to help us.

Please contact us at the Services Branch office, "Friends of Guy's Hospital", 01–407 7600 Ex: 2022.

Yours faithfully,
Margaret L. Campbell.

Hon. Secretary,
The Friends of Guy's Hospital,
Guy's Hospital,
London SE1.

The Numbers Racket

Sir,

The first two paras of Passim (18th December 1976) have struck a chord.

As I sit at home on Xmas Eve in the limbo between finishing work and the arrival of the family with the buzz of activity in the kitchen and all the presents bought and wrapped (by my wife!) I ruminated on your conception of numbers and time.

As long as I can remember I have had a definite mental undulating pattern for numbers, days of the week and months of the year. My numbers go downhill from 1 to 6 then uphill to 10, down again to 15 then up to 20 and so on to 100 after which they go downhill to 150 and up to 200 etc. The days of the week are high on Sundays falling downhill to Wednesday then climbing back to Sunday. Whenever I have had a diary with the week displayed on two pages, if Tuesday is at the bottom of the left hand page instead of Wednesday (according to my pattern) I find this often irritates and leads occasionally to my entries for forthcoming events on Wednesdays being entered for Tuesdays. The months of the year fall into the same format, June being at the bottom of the hill and January at the top.

I know a number of people have very bizarre mental pictures of numbers and time some have none at all. To me of course the clock face numerals and their positions fit well with my concepts but perhaps I got them from the clock face in the first place! (My wife says it must have been the clock in the York Clinic!)

Yours faithfully,

Ralph Jackson.

Piper's Hill,
Marwell,
Westerham,
Kent TN16 1SB.

SPORT

RUGBY

Esher 30 vs. Guy's 1st XV 10
Saturday, 18th December

Due to the recent foul weather Guy's had not played together for three weeks and this became glaringly obvious very soon after the start of the game. The large Esher pack won a virtual monopoly of possession and with a very competent pair of half backs serving them were never in danger. The Guy's pack played abysmally and without spirit. Brendan Hagan, out with an injured shoulder, was badly missed.

In the second half, Guy's briefly got back into the game, twice counter-attacking the whole length of the field to score two good tries in which Chris MacLauchlan and Tim Wilkinson's exceptional pace (when they try!) were prominent. However, it was impossible to maintain this revival with even less possession than before, and Esher ran out easy winners with two good tries in the closing minutes.

After the match three of Guy's most dedicated supporters, Shirley Bayne, Jenny Hayward and Dr. M. Wooton, presented the team with undeserved Christmas presents, liquid of course! We would like to thank them for their generosity and their support, and hope to provide them with some better performances after Christmas.

Team: M. Danford, T. Wilkinson, G. Francis, P. Emery, A. Portelly, C. McLauchlan, R. Laws, I. Neill, T. Gibson, G. Parry, J. Gray, S. Challacombe, J. Brazier, P. Loxton, L. Hughes (capt.).

Past 6 vs. Present 26 at H.O.P.
16th January

The result of this game is always difficult to anticipate. Honours on the previous four encounters have been equally shared, indicating how seriously the match is taken by both sides. Certainly there was very little between the sides during the first half and if Gethin Evans and Richard Moore had kicked with greater precision the past side might have entered the second half with a lead. As it was, Liam Hughes kicked two penalties for the present players, giving them a six point advantage at the break. This was an unfair reflection on the state of play up to that stage because the past forwards worked furiously and with some success to secure good possession. The front row trio of John Davies, Chris Lewis and Gethin Evans presented many uncomfortable moments for their opponents, Richard Hughes and Brian Keevil. They foraged well in the loose, and the back row of Roger Brown, Chris Neville and Ian Baker capitalised on their experience by pro-

viding the platform for many attacking moves.

The second half was characterised by a switch in tactical emphasis by the present side. Using their superior fitness they ran the ball away from the past forwards and as soon as the backs began to operate, as a unit, tries seemed likely. The first was scored by Wilkinson who came into the line from full-back and outpaced several opponents.

The past side were encouraged when from a short penalty taken by Peter Swift, Brian Rowlands surged over for a try. A conversion by Gethin Evans narrowed the margin to 10—6. As the game progressed, the past players tired slightly and the attacking efforts of Alastair Cook, Andy Campbell, Dai Lewis and John Price made little impact on the present defence. A further try by McLauchlan extended the lead for the present side. With constant pressure two more tries accrued, both scored by Loxton. Hughes made up the total with two conversions.

After the final whistle both sides and a large number of the spectators congregated in the Club House for further refreshment, reminiscences and, for some, a grateful rest. Joyce Dann provided a superb tea which ensured that many would return for more a year hence.

Teams :

Past—R. Moore, J. Price, A. Cook, A. Campbell, D. Lewis, B. Rowlands, P. Swift, G. Evans, C. Lewis, J. Davies, B. Keevil, R. Hughes, R. Brown, C. Neville, I. Baker.

Present—T. Wilkinson, A. Portelly, P. Emery, M. Broughton, C. McLauchlan, G. Owen, R. Laws, G. Parry, T. Gibson, L. Lyons, I. Neill, S. Challacombe, B. Hagan, P. Loxton, J. Brazier, L. Hughes.

Rugby Club Fixtures for February

1st XV			
5th	2.45 p.m.	Coventry	H.O.P.
12th	2.45 p.m.	Guildford	H.O.P.
19th	11.00 a.m.	London Irish	H.O.P.
26th	2.45 p.m.	Exeter	H.O.P.
2nd XV			
5th	c.2.45 p.m.	University College (Oxon)	H.O.P.
12th	c.2.45 p.m.	Guildford	Away
19th	c.2.45 p.m.	Goldsmiths	Away
26th	c.2.45 p.m.	Old Citizens	Away

Reunion Weekend 15th-16th January

The fifth annual renunion was as successful as its predecessors. On 15th January more than 100 current club members, past players and guests, assembled in the East Wing. Excellent food, a busy bar and lively music provided the setting for a memorable reunion during which old friendships were renewed and new ones made. The continuity provided by these gatherings is of inestimable value to the club and must be a unique event in hospital Rugby.

The flow of conversation and drink was briefly interrupted by the toasts which were proposed by John Dawes and Steve Challacombe for the past and present players respectively. The revelling continued until an unhealthy hour for those who were scheduled to compete the following day. There is no truth in the allegation that the generous beer prices were a ploy to undermine the potential of the Past side.

The numbers present were a testimony to the spirit of Guy's rugby and to the hard work of the many club members who helped to organise the event. Much credit goes to Steve Challacombe who has been the principal architect of the reunion weekends for several seasons. His industry and co-ordinating talents are reflected in the success of the venture. From the past side, grateful thanks are owed to Chris Neville who once again picked a worthy side from all corners of the country.

SAILING

Sailing Club Annual Dinner

The Sailing Club held its annual dinner on 14th December, and due to all concerned it was a great success. The buffet meal was well prepared and at very short notice by the E. Wing catering staff. I would like to thank them very much for doing a grand job, especially as I received many compliments on the standard of the food. About sixty people were present; these included the Club's Vice Commodores, and I am grateful to them for coming, thus showing their support. After the meal an exciting film of the 1973 Admiral's Cup series was shown, rounding off the evening very well. Finally, Mr. Kinder, the Club's Commodore, made the draw for the Christmas raffle. About £400 worth of tickets were sold, making the prizes well worth winning. To all those who sold tickets, or were in any way involved with the raffle, I would like to say a big "thank you".

Simon Girling.

HOSPITAL INFORMATION

Newland-Pedley Travelling Scholarship

This Scholarship will be awarded to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to undertake a year's postgraduate dental study at one or more Dental Schools or Colleges abroad approved by the Dental Council. The value of the Scholarship will be up to £1,500 and the actual amount of the award will depend upon whether the holder of the Scholarship proposed to spend a year at an institute in Europe or Scandinavia or whether the year will be spent in Canada or the United States. The holder of the Scholarship may be required to undertake teaching duties in this School for the academic year following that in which the Scholarship is held.

Dental Travelling Scholarship

This Scholarship has a value of £250 and is awarded every year to the holder of a registrable dental qualification, who has been educated at Guy's Hospital Dental School, to enable him or her to study at one or more Dental Schools abroad which are approved by the Dental Council.

In order that applications for the Travelling Scholarships may be considered by the Dental Council in sufficient time to enable the successful candidates to make arrangements for travel etc., it is necessary for all applications for Travelling Scholarships for 1977 to be received by the Dean of Dental Studies by Friday, 11th February, 1977.

The Dean of Dental Studies will be pleased to discuss the matter with anybody who is interested.

PASS LIST

UNIVERSITY OF LONDON

December 1976

Ph.D. Medicine

I. V. Hutchinson (Immunology)
E. J. Shillitoe (Pathology)

Ph.D. Science

L. J. Dunne (Physics)

UNIVERSITY OF LONDON

Third (B.D.S.) Examination in Dental Surgery November 1976

Honours

P. Berntsen (Distinguished in Pharmacology and Therapeutics and Dental Surgery)
M. A. Epps (Distinguished in Dental Surgery)
Marilyn D. Leask (Distinguished in Medicine)
Clare M. Sova (Distinguished in Surgery)

Pass

C. D. Allen
Janet E. Allonby
Elisabeth Anwar
Susan E. M. Arthur
I. S. Bell
Pauline Booth
V. K. M. Chia
R. Cording
Madeleine L. Crowley
Margaret L. Croysdill
R. C. Davies
Melanie J. Dibden
R. N. Edwards
Christine A. Elliott
R. P. Evans
B. S. Everett
J. A. Fewster
S. R. Flint
G. N. P. Gibbs
Judith M. Girdlestone
C. W. Hendy
F. S. B. Hollinshead
Susan M. Hooper
Irfana S. Hussain
N. Jaffer
Ceinwen M. Jones
F. K. Kirkpatrick
Sandra E. Kitchen
A. M. Lester
C. D. May
T. S. May
N. M. Moolji
D. M. New
J. A. Pettifer
D. J. Petty
I. Phoenix
J. Pieniazek
R. Poulter
J. R. Radford
M. C. Selley
Jennifer R. N. Seres
A. V. Smith
B. J. M. Stek
Caryl E. Sycamore
Coryn P. Taylor
S. D. B. Taylor
G. P. Unsted
J. P. Vlitos
R. W. Wassell
P. S. Watkinson
B. J. Westwood
J. P. S. Williams
C. W. Wong
R. C. Woodward
C. W. Yung
G. A. Zaki

Part I

A. S. Cayley
Mignonne E. G. Davies
H. E. Evans
J. K. Farquharson
R. D. Forrest
Eldwyth M. George
M. P. R. Harben
Susan Higgs
D. B. Patel
A. J. Patterson
Angela Rumble
N. S. Saunders
W. R. Smithson
Brigit M. Wilmers

Part II

Jennifer C. Bloch
M. D. Boote
J. M. Bowen
R. J. Brocklehurst
Julia L. Browne
M. J. Buckle
Christine M. B. Buckley
D. R. Burton
R. Carter
Nicola J. Charig
Annette M. Clover
J. P. Coles
F. I. Collier
Caroline M. Daniel
M. T. Coppen
M. P. Delahaye
Annabel S. Gamlen
R. G. Hahn
S. G. Hill
T. S. Hutchinson
Alpna Inamdar
R. L. V. Johns
S. P. Jones
S. Khan
R. S. King
Jane K. Y. Lau
R. W. Laws
D. J. Mehigan
C. J. Mitchell
D. G. Moran
P. Munford
S. L. Newell
G. M. O'Hare
N. J. Oscroft
Geraldine A. Ovens
Vivienne I. Palfrey
D. O. Parnell
Alexandra M. Peel
C. A. Pritchard
P. S. Reynolds
R. B. Rome
J. A. Senior
M. G. Sheppard
Ann M. Skelly
Judith A. Spencer
N. H. Taylor
Judith C. Tranter
E. J. Whaites
G. M. Willetts
Margaret H. Wyatt
W. C. W. Yap

Part III

Pauline I. Arnold
Helen J. Ash
Hilary M. Attenborough
Clare Z. Bennett
Jennifer C. Bloch
M. D. Boote
J. M. Bowen
R. J. Brocklehurst
Julia L. Browne
M. J. Buckle
Christine M. B. Buckley
D. R. Burton
Nicola J. Charig
Annette M. Clover
J. P. Coles
F. I. Collier
M. T. Coppne
Caroline M. Daniel
M. P. Delahaye
H. E. Evans
B. F. Hagan
S. G. Hill
Carole Hiscock
F. J. Hughes
T. S. Hutchinson
Alpna Inamdar
S. M. Jefferies
R. L. V. Johns
S. P. Jones
R. S. King
Jane K. Y. Lau
R. W. Laws
R. S. Levy
Jane E. Maunder
D. J. Mehigan
P. Munford
S. L. Newell
P. A. Norton
G. M. O'Hare
Geraldine A. Ovens
Vivienne I. Palfrey
D. O. Parnell
Alexandra M. Peel
J. F. Plant
C. A. Pritchard
P. S. Reynolds
M. J. Rodker
R. B. Rome
J. A. Senior
M. G. Sheppard
Ann M. Skelly
W. R. Smithson
Barbara I. Szulc
N. H. Taylor
Sally E. Ward
E. J. Whaites
G. M. Willetts
Margaret H. Wyatt
W. C. W. Yap

Part IV

G. Avetoom
S. I. M. Caley
J. Clark
J. P. A. Cooper
W. H. Harley
R. P. Ingham
Jane A. Ingram
Nichola Lolley
H. J. Longton
S. R. Luxton
A. Milosevic
C. J. Mitchell
A. J. Patching
R. M. Piper
P. S. Reynolds
Sylvia R. D. Saunders
N. S. Singer
Hanna I. Skapski
S. J. Thomas
Sally E. Ward
R. W. Wilmott

UNIVERSITY OF CAMBRIDGE

M.B. Part I. Pathology & Pharmacology

Bancroft Livingston, M. K.
Emery, P.
Jones, B.
Kapur, A. K.
Kipling, D.
Money, R. P.
Tanqueray, A. B.
Taylor, I. D.
Watson, S. A.
Wilkins, B. H.

UNIVERSITY OF LONDON

August 1976
B.Sc.

First Class Honours

P. M. Fisher
G. Gilhooly
S. Humphreys
C. N. Kay
S. W. Lewis
P. D. Mason
C. P. Shearman
Georgina M. Webb
S. Wood

Second Class Honours—Upper Division

P. F. Bolton
A. M. Dighe
T. C. Dowd
Prudence A. M. Evans
Jane R. Graham
J. R. W. Hangartner
B. J. Haylock
Fiona J. Hearn
G. W. Jones
N. H. Jones
N. Joyner
A. C. W. Kenyon
S. Khan
H. T. J. Lee
Teresa J. Leverton
T. G. K. Mant
Janet M. Mason
Melanie J. Newbould
P. J. M. Openshaw
Deborah A. H. Pacy
C. C. Paul
S. M. Perry
Tania J. Phillips
A. P. J. *Pini*
Honor S. A. Roberts
B. Rodgers
C. F. Sidebotham
P. Twining
M. C. Wake
J. Wilson
G. M. F. Woodroof
M. C. Young

Second Class Honours—Lower Division

P. K. M. Bajorek
Jennifer A. Bearn
P. C. Birtles
Mary C. Davies
M. Fillery
M. Hodes

Third Class Honours

M. D. Weston

Chartered Society of Physiotherapy
November 1976 Examinations

Intermediate

Constable, R. S.
Darnell, A. E.
Davey, C. A.
Floyd, S. J.
Green, Mrs. H. M.
Hale, S.
Heath, Mrs. J. H. L.
Ingham, Mrs. N. J.
McDiarmid, T.
Moir, S. M.
Morrison, F. M.
Ng, Y. K.
Pearson, A. A.
Prior, A. L.
Thompson, R. P. A.

Preliminary

Buffham, A.
Cridlan, J. M.
Francis, C. G.
Fowler, A.
Jones, F. J.
Kirby, D. J.
Mitchell, B. A.
Russell-Smith, Mrs. G. M.
Vines, A. I.
Walsh, A. I.
Young, C. A.

UNIVERSITY OF LONDON

Second Examination in Dental Surgery
December 1976

Susan I. Baxter
J. E. M. *Bellringer*
Lois A. Brereton
Anna L. Buck
Christina A. Chryssides
Helen M. Chryssides
N. G. Cliff
P. S. *Freiberger*
Moira E. E. Griffiths
S. R. Griffiths
G. D. Palmer
Sandra K. Robinson
A. H. Strachan

THOMAS GUY SCHOOL OF NURSING

State Final Examination
October 1976

General Register

Aitkins, A. E.
Allan, H.
Arkell, R. A.
Atkinson, W. F.
Bailey, G. M.
Bailey, J. F.
Barker, P.
Bourn, T. D.
Cafferky, P. M.
Callow, P. A.
Cambray, M. B.
Clare, A. R.
Comport, N. A.
Cowley, J. A.
Daly, J. A.
Dalzell, E. A.
Dias Jayasinghe, M. E. V.
Dimmer, A.
Dixon, A. M.
Donne, S. J.
Dyke, V. K.
Forrester, C. T.
Franklin, S.
Gibbons, R. A.
Golightly, B.
Graham, D. E.
Hamill, K. E.
Hancock, R.
Hansen, G. A.
Hart, R. P.
Hawley, C. A.
Healy, A. M.
Hedge, S. G.
Hemingway, M. N.
Hodge, J. A.
Iles, V. C. D.
Jackson, J. D.
Janes, A. J.
Jarman, P. L.
Jowett, A. C.
Knapp, J. A.
Laborda, D. M.
Liegeois, S. E.
Lord, J. L.
Lynch, M. D.
Martin, G. L.
May, B. A.
Meek, L. A.
Moran, M. E.
Mortimer, B. J.
Munday, C. S.
Needler, M. A.
Nicholson, L. M.
Northfield, P. A.
Penny, S. M.
Perera, A. D.
Purnell, V. F. A.
Rasdall, B. M.
Riviere, M. B. D.
Robinson, W. J.
Ryall, S. E.
Scott, S. M.
Slinn, A. P. J.
Smith, S. M.
Stevens, D. J.
Teakle, K. M. J.
Trease, H. A.
Turner, J.
Turner, P. J. M.
Van Starrex, B. S. V.
Wall, S. D.
Watson, M. E.
Wellbeloved, J. M.
White, C. V.
Wilkins, J. M.
Wilson, P. M.
Wonson, N. J.
Worlock, L. A.

Sick Children's Register

Craig, B. J.
Kanabar, D. V.
Khoo, S. E.
Smith, H. M.
Stoddart, E.

Mental Register

Adamson, M.
Khoo, P. E.

PAPERS BY GUY'S MEN

Jacobs, A. H., Walton, R. G., The Incidence of Birthmarks in the Neonate, **Pediatrics,** 1976, **58,** 218.

Walton, R. G., Jacobs, A. H., Cox, A. Y., *Pigmented Lesions in Newborn Infants.* **British Journal of Dermatology,** 1976, **95,** 389.

MARRIAGES

JOHNSON—ARIS. The marriage took place on 8th January 1977, at St. Paul's Addleston, Weybridge, Surrey between Dr. Stephen K. R. Johnson and Miss Wendy P. Aris.

DEATHS

DEBENHAM — Mr. Leonard S. Debenham, B.Sc., M.B., B.S., F.R.C.S., died in Scarborough, Tuesday, 28th Decembe, 1976. *Qualified at Guy's,* winning Gold Medal for Surgery, 1919.

MIDDLETON—On 10th December 1976, suddenly at Trowbridge, Donald Middleton, L.D.S., R.C.S. Area Dental Officer Wiltshire A.H.A.

PERSONAL

GLINTON, PETERBOROUGH. Modern four bedroom detached house. Many extras. £19,250. Tel. Peterborough 253028.

CHANGES OF ADDRESS

Mrs. S. Dowsett, formerly Watts (née Thomas), 'Little Porters', 64a Marshals Drive, St. Albans, Herts AL1 4RF. Tel. St. Albans 58705.

John and Mary Ann Powell-Jackson, 'Newick', Edward Road, St. Cross, Winchester SO23 9RB. Tel. Winchester 2718.

Dr. and Mrs. S. K. R. Johnson, 23 Heron's Way, Pembury, Kent TN2 4DW.

Mr. and Mrs. D. J. Rayner, 'Glenangus', Keens Lane, Reydon, Southwold, Suffolk, IP18 6NT. Tel. Southwold 2759.

Murray and Lesley Roberts, The Sycamores, Rectory Road, Padworth, Reading, Berks, RG7 4JD. Tel. Silchester 700021.

Judy M. Wild, B.D.S., 14 Cloford Close, Trowbridge, Wilts, BA14 9DH. Tel. Trowbridge 5749.

GUY'S HOSPITAL GAZETTE

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MONTHLY 26 FEBRUARY 1977 VOLUME 91 NUMBER 2267

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

IN PURSUIT OF PERFECTION

The pertussis controversies—is pertussis immunization beneficial or not? Can the vaccine cause significant encephalopathy and permanent brain damage in isolated cases or not?—are longstanding. The literature is full of contradictory evidence and it is easy to substantiate either side of either question. Yet the problem is apparently no nearer resolution now than previously and repeated attempts at elucidation still produce equivocal results—witness two papers in a recent edition of the *Lancet* (29th Jan.). This is an intolerable situation. The general public as informed and represented by the media have become worried and one current dilemma—that of compensation entitlements of children with permanent brain damage only detected after immunization—highlights problems that concern us all.

First, there is the very real problem of public education. There can be no gainsaying the right of the public to be kept informed of medical matters that affect them so nearly and they should certainly be aware of the risks of the various therapeutic and prophylactic procedures they undergo. But it is axiomatic that a little knowledge is a dangerous thing. People learn from the news media and in medicine, as in other fields, those media tend to emphasise the bad rather than the good—disaster being more to the public taste than success. This is where potential danger lies. There is danger too in overwhelming people with contradictory evidence—if experts disagree, how can the uninitiated decide?

Ill-informed fear of pertussis vaccination leads inevitably to fear of all vaccines. Together with the lost stimulus (lost precisely because of vaccination schemes) of first hand knowledge of how terrible whooping cough and other diseases such as polio and diphtheria can be, panic could lead to hasty decisions made under pressure with possibly disastrous consequences. Already, people are becoming blasé about the illnesses that killed and crippled their grandparents. This incentive to have children vaccinated,

engendered by personal experience of disease in the parents, is ever reducing. Such fear as is currently being created about pertussis vaccine may be the final straw. Then the consequences of a return of these diseases to an unimmunized and totally susceptible population are incalculable.

The way to save the camel's back is to define *now* the dangers of pertussis vaccine and to tell the public clearly and calmly, with informed debate and not sensational journalism. Furthermore we must not let the vaccination programme go by default. It is, quite simply, vital that people (and the profession) understand how important such prophylaxis is—to the individual and to the community.

Finally, what of the unfortunates with severe nervous disease, said to be victims of adverse reactions to pertussis vaccination? It seems to me that demands for compensation are unjustified. Virtually any medical treatment carries risks and if the treatment is given in good faith and supplied after reasonable testing, there is no claim to answer—whether the treatment was in the field of preventative or curative medicine. There is the problem of determining in which, if in any, cases, pertussis vaccine can be unequivocally held responsible. And does anyone really believe that some patients are more deserving of financial aid than others who perhaps have nothing specific to blame for their condition?

The current trend for more and more litigation in medicine must be viewed with dismay by most of the profession. But this particular campaign has a lesson for us all. Our society should by now be able to provide such care for *all* handicapped people and their families, that individual demands for compensation from doctors or companies, when all reasonable care has been taken, become unnecessary. However, even in such a Utopian state we must not become complacent—we should investigate such cases minutely, to ensure that they do not arise again.

ABUSES OF PSYCHIATRY

This month's *Gazette* carries an article which all concerned with personal and professional freedom should read. I refer to the report of the recent Quodlibet Society meeting addressed by representatives of CAPA — the Campaign Against Abuses of Psychiatry for Political Purposes. The issues raised at the meeting were indeed serious, and should sound a warning note to British doctors, psychiatrists in particular.

In Britain now we enjoy a system allowing freedom of professional judgement regarding diagnosis and treatment. This is not so in many other countries, particularly in the Soviet Union. There, some political dissidents are declared to be insane, and kept as such in psychiatric hospitals.

The recent release of Vladimir Bukovsky has highlighted the problem. He was jailed in 1972 for anti-Soviet activities, in particular for sending to the West information about the imprisonment of sane dissidents in mental hospitals.

We should remember that the vast majority of inmates of such hospitals in the Soviet Union are genuinely ill—and would probably be admitted to similar institutions in this country if living here. Nevertheless, it is estimated that each hospital contains about two sane dissidents who have been declared insane by qualified psychiatrists. The problem is that undoubtedly many committed Marxist doctors *do* believe that people who are opposed to the Soviet system really *are* mad. Other psychiatrists, however, have realised

the evil nature of the system. One such is Dr. Marina Voikhanskaya, who addressed the meeting here at Guy's. She managed to escape to the West, but others who speak out such as Dr. Semyon Gluzman are themselves liable to arrest and to be declared "mad". In their position, would we protest? I fear that most of us (myself included) would toe the line.

Those Soviet psychiatrists who have reached the West have revealed the many abuses of psychiatry in the USSR. Dissidents have been kept constantly drugged. One in particular apparently, was given haloperidol 40 mg tds—a massive dose by any standards. For a healthy person the effect is to numb the mind totally. In other cases ECT is given without anaesthesia on repeated occasions, causing memory loss and extreme mental distress. (It seems that even for those ill patients in whom ECT is justified, no anaesthetic is used, and the general conditions are so brutal that often the dissidents must protect the truly-ill from the less scrupulous staff members.)

Do protests such as those of CAPA make matters worse? Surely in these days of *détente* more effective ways of pressurising the Soviet authorities could be found? Apparently not—because contacts with the USSR show that conditions in hospitals improve whenever pressure from the West is at its greatest. Such pressure led to the authorities declaring Valentyn Moroz "sane" and his being removed from solitary confinement.

How should this affect us? First—we can discuss matters of professional freedom with our Soviet colleagues at international meetings—to hear their side of the story. Second—and more importantly, we must remember that our own freedom is precious and potentially under threat. The doctor's duty must always be to his patients individually. It is not our job to diagnose and treat "society" and to regard its dissenters as mad. Such is, of course, not the case in Britain. There are, however, "unnecessary" psychiatric admissions for social reasons when a family can no longer cope. Is it then so outlandish to imagine a "social" admission when the state can no longer tolerate a citizen?

We must be on our guard.

NOTICE

GUY'S HOSPITAL DENTAL DIRECTORY

It is proposed to up-date the Dental Section of the Guy's Hospital Directory and it is hoped that the new edition may be published later this year. Although the Medical School records have been revised by reference to the current Dentists' Register inevitably omissions and out-of-date addresses still exist. If any Guy's dental graduate or former member of the staff who has moved within the last 18 months, or who knows of any omission or error in the current Dentists' Register would inform one of us as soon as possible, we would be very grateful.

On Clinical Day there will be a table on Floor 27 of Guy's Tower displaying lists of Guy's graduates, for whom a current address cannot be traced. These names will be classified by the year of qualification and we should be grateful for any information you have concerning any of these people.

P. J. Attenborough and R. B. Johns
c/o Dean's Office, Medical School, Guy's Hospital.

NEWS IN BRIEF

Mr. J. S. Tomkinson

We have great pleasure in announcing that at the General Assembly of the Federation of International Obstetrics and Gynaecology (FIGO) held during the VIII World Congress of Obstetrics and Gynaecology in Mexico City in October, 1976, Mr. J. S. Tomkinson was elected Secretary General of FIGO.

This means that after a period of 22 years, the new headquarters for FIGO (representing 78 constituent societies throughout the world) will move from Geneva to London. On behalf of the Hospital and Medical School we should like to offer our congratulations to Mr. Tomkinson and wish him well for his term of office.

The *Gazette* apologises to Mr. Tomkinson for the delay in publication of this notice.

Mikado

The Gilbert and Sullivan Society's performance of *The Mikado* has had to be postponed from its scheduled dates in early March. This unfortunate decision had to be taken as insufficient rehearsal time was available, and because of many other commitments of those involved. The new dates for your diary are 19th - 21st May.

Concert

Rehearsals have begun for the first purely orchestral concert given by the Music Club in recent years. The programme will include Rossini's overture "The Thieving Magpie", Mendelssohn's Violin Concerto, Elgar's String Serenade, and Beethoven's Sixth Symphony. New players are still welcome and should contact the Music Club Secretary, or come along to rehearsals on Thursdays at 5.30 in the Music Room. The concert is to take place in the Greenwood Theatre on 11th May and will be the first Music Club function to be held there.

"59 Club" Dinner

The 59 Club will be holding their annual dinner at The Elizabeth Suite, Barrington House, Gresham Street, on the 5th March. All those who qualified in 1959 are invited to attend and to contact this year's Secretary, Dr. P. A. Trott, c/o Department of Pathology, Royal Marsden Hospital, Fulham Road, London SW3 6JJ.

East Anglian Society

The Guy's Hospital East Anglian Society's Dinner for 1977 will be held on Friday, 29th April, at the Scole Inn, Scole, Nr. Norwich, at 7.30 for 8.00 p.m.

The President will be Dr. A. Batty-Shaw and the guest of honour will be Mr. R. J. Cann.

If any Guy's East Anglian has not received notice of this Dinner but would like to come, would he please write to : Dr. C. Bishop, Department of Anaesthetics, The Ipswich Hospital, Anglesea Road Wing, Ipswich, IP1 3PY.

Requiem and the Music Club

The combined choirs of Guy's, St. Thomas' and Barts will be performing Benjamin Britten's War Requiem in Central Hall, Westminster, on Wednesday, March 16th, at 8.15 p.m. They are accompanied by the Orchestra Nova of London and the Wandsworth Boys' Choir. The Conductor is John Steer and the soloists are Felicity Palmer (soprano), Ian Partridge (tenor), Mark Rowlandson (baritone).

Convocation Meeting—Financial Stringency and the University

The winter meeting of the University of London Convocation took place at the Senate House on 22nd January. The main item on the agenda was the address by the Vice-Chancellor, Sir Frank Hartley, on the effects of financial stringency on the University. He said that because of recent cash limits no medium term planning was possible. The plans for the past five years were not fulfilled because of inflation, and in spite of adjustments to the Government grant. In the coming year there will be a further real fall of 4% in the grant—although this depends on final Government approval of raised tuition fees. New expenditure must therefore be kept to a minimum. Libraries and laboratories inevitably will suffer, as their running costs are so high.

The University has coped so far by leaving vacant posts unfilled. This has inevitably led to hardships and anomalies. In the medical field the U.L. Joint Medical Advisory Committee has attempted to reduce expenditure and improve co-operation between institutions. The Exchequer hopes to save money further by reducing the number of postgraduates (28% of U.L. students) and undergraduates and by altering the fee structure. Previously fees were designed to be "fair". Now they are calculated as a proportion (19%) of the cost of the course. The Mulley proposals are that this should rise to 23%. Having so many overseas students, U.L. is very vulnerable to fee changes—especially the L.S.E. and S.O.A.S.

London remains pre-eminent in medical training in the U.K., producing 33% of doctors and 35% of dentists, and the Faculty of Medicine uses much of the funds of the University. Last year new hospital building cost the University £2½m, and in addition, the Government has failed to provide funds to meet demands for overtime pay from junior doctors. Further, the report of the Resource Allocation Working Party has recommended a change in regional allocations of funds for health services. This poses a threat to London, and has provoked discussions between U.L. and the D.H.S.S., which has given reassurances that no London teaching hospital is to close, as the Secretary of State is legally obliged to provide clinical facilities for medical undergraduates.

In closing, the Vice-Chancellor said that the provision for "recurrent expenditure" this year is 30% less than for 1975/76. The problem will be to reduce running costs, but not all is gloom—stringency gives us a better idea of our priorities.

Conversazione

The Convocation *Conversazione* is to be held on Saturday, 21st May. Applications for tickets (£4.95) should be addressed to the Clerk of Convocation, Room 101A, Senate House, WC1E 7HU, to reach him not later than 4th March. New graduates are charged at the reduced rate of £3.00, or £5.00 for a double ticket.

CLUBS' UNION NEWS

ANNUAL GENERAL MEETING

Holding a General Meeting at Guy's is an uphill struggle against apathy and inertia. Whilst prepared, in some measure, to combat this inertia when canvassing support for the Summer and Winter General Meetings, when the A.G.M. comes around the apathy encountered is little short of demoralising. It seems very little to expect of students that they should spend one hour three times a year to give some guidelines to those responsible for their representation. Thus, when students are not prepared to come even once a year, one begins to wonder whether or not they deserve to be represented. Great is the temptation to throw democracy to the four winds and to impose one's own views on the students of Guy's.

As may be inferred from the preceding paragraph, it was difficult to raise a quorum, despite the proposed amendment to Rule 86 of the Clubs' Union Constitution. The proposal, which was to amend Rule 86 so that Nurses, Physiotherapists and Radiographers could have freer use of the Bar, was passed *nem con.*

David Markwell presented one of his characteristic reports, this time on national student organisations. Whilst recommending that no specific action with regard to joining one be taken at the moment, a motion was passed, at the Chairman's discretion, requesting the Officers of the Clubs' Union to keep the matter under review.

The accounts for the year 1975–1976 were then received, the main points being that the Clubs' Union Bar account showed an accumulated profit of £4,400, and the Clubs' Union account showed a loss of £1,108 over the year. The deficit carried forward to 1976–1977 was £800, which offsets the reserves of £1,020. It is planned to rebuild the reserves over the next year, £1,000 having been set aside for this purpose. The Bar showed an accumulated profit of £4,400, but this represents a profit of only £1,500 over the year, the rest having been carried forward from previous years, and having been taken up in improvements over the year.

There followed the report from the retiring President, which is published in this issue. Unlike previous A.G.M.'s, most of the elections had taken place beforehand, and this enabled the meeting to finish before 2.00 p.m.

T. J. Palmer.

REPORT ON THE YEAR 1976

From the retiring President, Tim Palmer.

The Union started last year in very good shape, and appears to be ending it not much the worse for wear. However, the year started with a bang, or rather a splash, when the fire-hose by the Bar was used to water the basement of the East Wing. This was just one incident in a spate of vandalism in the East Wing and Wolfson House. The reaction thus provoked appeared to be salutary, as there have been no major recurrences.

After starting on such a high note, things soon quietened down to a steady grind, until the 250th Celebrations in May. All the ground work for the Sports Day was done by Peter Watkinson and Mike Selley, and the event was such a success that it is hoped to make it a biennial occurrence. It will be up to the Athletic Clubs' Committee to organise this.

Over April and May, I spent six weeks in the Western Highlands on an elective-cum-holiday, and during that time the Clubs' Union tradition of

organising cheese and wine parties was upheld, two being organised within the space of a fortnight for the qualifying medical students, for which Francis Hughes and Chris Rowlands deserve the credit.

The next item on the agenda after my return from Scotland was the Summer Ball. This was held on the Thames, and appeared to go well. Francis Hughes was invaluable, for not only did he do a lot of the organising, but he was also half of the entertainment. His folk trio provided some very good music, the Clubs' Union disco producing the rest. Despite the apparent success of the Summer Ball, the whole idea ought to be reviewed, in the light of the current financial situation.

Over the summer, the Clubs' Union went into recess—at least overtly. Behind the scenes, there was much activity, as the date of the A.G.M. had excited a certain amount of interest. There was also Freshers' Week to think about. Once again, the handbook was produced by the M.I.A., and I hope it was of some benefit to the Freshers. Lists were also produced for the Clubs of those people who had expressed an interest in their club, and this enabled interested people to be contacted.

Freshers' Week itself was a success, something being organised every night except one (for it has been laid down since time immemorial that the sabbath day should be a day of rest). The winter term is always the busiest, for no sooner was Freshers' Week finished, than the preparations for the Snowflake started. The Snowflake, after last year's Ball, was a sell-out, and so could be counted a success. However, it taught us several lessons and, as a result, some aspects of the Ball are under review. Thanks are due to Francis Hughes (once again!), Julian Hancock, and all those who helped. The Tombola raised £80 towards equipment for the Hannabelle Playground by the Tower.

Last year, Peter Watkinson set a precedent by organising a couple of cheese and wine parties. This year, we have had four: the two mentioned above, one in Freshers' Week, by courtesy of the National Westminster Bank, and a fourth held shortly after the Snowflake for the qualifying dentists. A firm of tax and investment consultants gave a useful talk on the financial aspects of dental practice, and finished off with some rather good food. Tentative arrangements have been made for a similar party in April, for the qualifying medical students.

The Clubs' Union is not here just to organise cheese and wine parties and Balls, however! It does do some serious work! Security has been a big problem all through the year, and there is now nothing more that can be done by the Clubs' Union or the Medical School. It is up to the individual to ensure that his possessions are secure.

There have also been changes to the Constitution. The election of the Clubs' Union officers has taken place before the A.G.M. for the first time. I think the change has been justified, but the final verdict will come if and when the A.G.M. finishes before 2.00 p.m., and is still quorate when it does so! The other change is to Rule 86, to allow Nurses, Physiotherapists, not to mention Radiographers, more extensive use of the Bar. This will remove the Sword of Damocles at present hanging over our Bar licence.

This year, the Bar has had its ups and downs. Over the summer vacation, it was redecorated, new lighting was installed, and the ceiling was repaired, which cost in all about £2,500, not the £4,000 of popular rumour. This was made possible because of the amount of alcohol consumed, so keep up the good work! It is thanks to the Bar Secretary, André Hedger, that the Bar was manned throughout the summer term, but staffing was also a

problem last term. André managed to keep it open despite his recurrent attacks of tonsillitis, of which, Guy's willing, he has now been cured.

Last but not least, I come to external affairs. I think it is a fair comment that this year Guy's has made a name for itself in this field, due entirely to the hard work of David Markwell. He began by democratising, if that is the right word, the U.L.U.S.R.C., then he was on the steering committee that set up the Medical Students' Societies' Information Service in March, and was just about the only one to analyse the grants questionnaires from the U.L.U. Medics group. This group has prepared a short submission to the Royal Commission on the Health Service, which was reported on by *The Times Educational Supplement.* A system was instituted for assessing the views of the students about S.R.C. motions, and in view of the response to the notices, it is a system that ought to be maintained. I could go on at length about external affairs, but it is unnecessary, as David has kept you well informed all the time—itself a measure of how hard he has worked.

Instead of talking about external affairs, I shall thank all those who have helped on the Union over the past year, allowing me to practise a policy of decentralisation and delegation, the end result of which was to leave me with the minimum of work to do! Lastly, I would like to wish Francis Hughes the best of luck over the coming year, and I hope he enjoys the job as much as I have.

From the new President, Francis Hughes

As the new Union Officers are now beginning to settle down and are learning the ins and outs of our new positions, it seems a good opportunity to run through some of the things we actually do for you. Just in case you didn't already know, the new union officers are—

Francis Hughes, President.
Matt Kiln, Vice-President.
Phil Carney, Secretary.
Sue Baxter, Treasurer.
Dave Denning, Social Secretary.
Richard Johns, Bar Secretary.
Martin Vallis, Ordinary Member.
Gary Calver, Pre-Clinical Member (Medical).
Sue Berry, Pre-Clinical Member (Dental).

I think (and sincerely hope) you will find we are all readily approachable, should you wish to air any views.

The Union Council looks after the general affairs of the Union which can be anything from what the NUS is doing at the moment, to the problems of vandalism in the East Wing. The sub-committees of the Union are the Entertainments Committee, the Bar Committee, the Book Exchange Committee, the Athletics Clubs' Committee, and the Finance Committee. The Union also takes an active role in representing Guy's Students at the University of London Union and at the biannual Medical Students' Societies Conferences.

As well as this, we have Student representatives on the Medical, Dental and School Councils, on the Medical School Catering and Hostels Committees, and on the Guy's Hospital Gazette Committee.

For us to be able to do our job properly it is important to get some feedback from you on any issues you may feel strongly about or any

problems you may have. To help with this the Union Office will be manned every Tuesday, Wednesday and Thursday lunchtimes from 1 p.m. (It is often possible to find one of us in the office at all sorts of odd times besides these set opening times!)

I hope you will take advantage of this to come forward and discuss matters with us. We can give information on many things such as what is happening at ULU, various Student Travel operations (more on this in next month's Clubs' Union News), student insurance policies, etc., etc. Also we will be able to sell you sweat shirts and give you Student Railcard application forms, and help you if you wish to use the Union's typewriting and duplicating facilities.

Obviously we do not have all the answers, but we will do our best to find out about anything you wish to know. Finally, if this sounds like a message against the universal ailment apathy—good, because it is! I was very surprised to find that after the excellent turn-out for the recent Ballots, it was nearly impossible to muster 100 students for the Annual General Meeting of the Union. Was this because there is something fundamentally wrong with the Union, I asked myself? If so, please let us know, perhaps we can put it right!

LOOSE ENDS AND THE N.U.S.

D. C. Markwell

I have now to the relief of many (principally myself) completed my year of office as Vice-President of the Clubs' Union and before I hand over to the capable hands of Matt Kiln, my successor, I would like to tidy up a few loose ends.

In November at a meeting with the B.M.A. I carried out the expressed wish of the previous Clubs' Union meeting in strongly discouraging the B.M.A. from forming a student "representative" body. The students at Middlesex had also opposed the idea though they were the only others to discuss the matter at a general meeting. The recommendations which the B.M.A. has made now relate purely to expanding the benefits of associate membership and allowing preclinical students to become associate members. It is specifically stated that "it is inappropriate at present to establish a formal channel of representation for student members", thus it would seem that our discouragement was taken seriously.

At the same general meeting at which the B.M.A. approach was discussed, we were also requested to investigate the N.U.S. and other student bodies with a view to the possibility of joining them. At present the Clubs' Union plays an active rôle in the activities of the University of London Union, which provides a recognised channel to the authorities such as the University Senate. Additionally, the National Conference of Medical Student Societies provides us with contact with students at other medical schools and has proved helpful as a means of sharing ideas and problems but it is NOT a representative body and is NOT recognised for the purposes of negotiation on such topics as grants, fees and catering arrangements. Two student bodies which may to some extent be relevant to this gap in our external relations are the National Union of Students and the British Students Association.

The British Students Association has a membership of about 10,000. All members join on an individual basis paying 50p for their subscription (1976-77). Only if 90% of Guy's students joined on a voluntary basis would the Clubs' Union be entitled to representation at the annual conference. The six-man executive is, however, elected by postal vote and it is this body which runs the B.S.A. for the year. Individual members also get a vote on certain issues, either if the executive decides they should or if 10% of the membership request it in which case those making the request must foot the bill (for 10,000 members this would be about £1,500). This, and the fact that the executive can eject any members they choose from the association, seem to be less than conducive to democracy. Furthermore the B.S.A. has no recognition as a student representative body and as such has no more ability to negotiate than does the Medics Conference in which we already take part. From a service point of view the B.S.A. is mainly plans which are unlikely to be realised without a doubling or tripling of the membership fee. The travel service of which they boast is effectively just a travel broker operation dealing in holidays which are freely available to all. A similar broker service is planned by the London branch of N.U.S. to replace the collapsed N.U.S. travel service, which did organise its own holidays and charters.

The National Union of Students is a long established body with a membership of nearly 800,000. Membership is either on a college block basis at £1 a head or individually at £5 a head (1976-77). Colleges with block membership have a right to representation at three conferences a year which determine the policy of the N.U.S. The April conference also elects the 17-man executive to carry out the day-to-day running of the Union. In the past there have been many criticisms of the left wing bias of the Union but at the next conference 30% of the delegates will be committed supporters of the Federation of Conservative Students and it is likely that next year's executive will have a more moderate bias on directly political issues. A postal vote for the executive has been considered but its basic cost would exceed £100,000 and it would cost far more for each of the students to canvass support. The N.U.S. is the only body recognised as representing the students of Britain on matters of grants and other national educational policy. In the time that I have been a student at Guy's (five years), the student grant has risen by 96%, roughly in line with the rise in the national average wage for the same period and is a great credit to the N.U.S.'s negotiating ability in a time in which most pay rises have been negotiated on the basis of threatened strike action. The N.U.S. also covers other areas and of particular relevance is the Health Student Group which forms policy related to the Health Service and on such matters is almost independent of the remainder of the Union. Advisory conferences on publication and general union affairs are also arranged by the N.U.S.

In the field of finance and services the last year has been a bad one with the collapse of the travel service and printing concern and the selling off of Endsleigh Insurance. Now the economic future of the Union itself is in doubt and it is for this reason that I recommended that the last general meeting should not commit the Clubs' Union to membership but rather to increase the intensity of our interest by attending N.U.S. conferences over the next few months. I am pleased to say that this recommendation was accepted and I have every hope that later in the year the new officers of the Clubs' Union will be in a position to recommend that Guy's should affiliate to the National Union.

OBITUARIES

DONALD MIDDLETON

A.D.O. Wiltshire

It was with sadness we learned of the recent death of Donald Middleton. By this untimely event the whole of the Dental Profession in Wiltshire has suffered a great loss, as indeed have the people of Wiltshire and the administration of the Health Service in the area.

No one ever thought of Don Middleton as any kind of bureaucrat for in truth he was not such a man. He was, on the other hand, a potent influence for unity in the profession and looked upon by everyone as a valued colleague no matter in what branch of the profession one practised.

Donald had the happy knack of getting on well with people. He could be firm without stimulating reaction. He could effect compromise without sacrificing principle.

It is not less than my duty to record the high esteem in which he was held by the General Dental Services in Wiltshire, but I have been urged on all sides by Consultants and Hospital Officers to stress their high regard for Donald as a man, as a colleague and as an administrator. This I do with pleasure, for I know what a very happy atmosphere he created in the whole of the Hospital Service.

Those in General Dental Practice regarded him with great affection as well as with respect. He had for many years been a most useful contributor to the work of the Wilts. L.D.C. and that committee will miss his wisdom and cheerful companionship enormously. Nothing was too much trouble for him, no effort did he ever spare on behalf of the profession as a whole, or individual members of it.

We have heard, and still hear, much of integration and unity in the Health Service and in our own profession. Alas, at the same time we hear also of how inadequate this unity is, or how far it falls short of what was expected. Donald Middleton knew how to achieve unity in the profession and no one knew better than he that one will never achieve the necessary support of people unless you first, explore their difficulties and then demonstrate that you truly do appreciate those difficulties. He was the sort of A.D.O. that made the slightest degree of non-co-operation appear a churlish act.

No appreciation of Donald Middleton would be complete without reference to his unremitting work for the cause of fluoridation of water supplies. He spoke and wrote whenever possible and at times faced the most hostile of audiences with calm courage, and complete steadfastness. Very often he was most unfairly reviled by the opponents of this policy, but he kept on, and complained only of the harm that ill-informed criticism might do to public opinion and thus to Dental Health.

We believe that Donald Middleton was a Dental Surgeon of whom Guy's can be justly proud.

To his wife and family we would offer our deep sympathy, for whilst we have lost a dear friend their loss is grievous indeed. We are so very sorry for them.

L.H.B.-T.

OLIVER GREEN, M.C.

Dr. Oliver Ivan Green, M.C., died suddenly at his home in St. John's, Newfoundland, on 8th December. He was 67.

Oliver Green was educated at Sherborne and at Brasenose College, Oxford, where he read Zoology. After taking an Honours degree in 1932 he worked for some months in the Marine Biological Laboratory at Plymouth, and in 1933 entered Guy's Hospital Medical School where he qualified L.M.S.S.A. in 1937 and B.M., B.Ch., Oxon, in 1938.

After holding house appointments at Guy's in Medicine and Genito-urinary surgery, and at Vincent Square in Paediatrics, he joined the R.A.M.C. at the outbreak of the Second World War. He served in France, N. Africa, Sicily and Italy, and was awarded the Military Cross for service in action in the Western Desert. After demobilisation in 1945 he became a partner in a general practice near Didcot, Berkshire, where he remained until 1962 when he left to take up a practice in St. John's, Newfoundland. Shortly after arriving there he was appointed to the active staff of St. Clare's and The Grace Hospitals in St. John's, and both the quality of his work and his warm, stalwart personality made him a much valued member of his profession in Newfoundland. On his retirement from his practice in 1974 he was appointed Director of the Student Health Service of the Memorial University of Newfoundland, a post which he still held at the time of his death, and which reflected his keen interest in the affairs and welfare of young people. He was also an active member of the John Howard Society, an organization promoting the rehabilitation of prisoners, and served for a year as its President. He was appointed President of the Newfoundland Medical Association in 1976, a post he still held at the time of his death. Earlier in 1976, as President-elect, he and his wife had represented the Newfoundland Medical Association at the Joint Meeting in Dublin of the British, Canadian and Irish Medical Associations. In his years of service as an Executive Member and as President he gave generously of his time and spared no effort to represent his Newfoundland medical colleagues provincially as well as nationally in Canada.

As his many friends will know, one cannot write of Oliver Green without recording at some length his skill and his fame as a yachtsman. From his student days onwards he had cruised the seas of the Northern Hemisphere —first the Brittany coast, then the North Sea, the Friesian Islands, the Baltic, and finally the Atlantic Ocean, the Gulf of St. Lawrence and the East coast of Newfoundland and Labrador. He was a member of the Royal Cruising Club and was awarded three of the four main challenge cups of the Club—the Founder's Cup for sailing his 30-foot boat from Montreal, at the time of "Expo 67", to Newfoundland, with his wife and three daughters as crew; the Romola Cup in 1971 for sailing his next boat, an Arpège, from La Rochelle on the West coast of France to Newfoundland with the same crew, his wife and three of his daughters, a cruise of 2,850 miles; and in 1973 the Claymore Cup for a cruise of 800 miles up the east coast of Newfoundland to Labrador. He was also a member of the Royal Newfoundland Yacht Club, a founding member of the Newfoundland Cruising Club, and Honorary Commodore of the Memorial University Sailing Club. There is no doubt that, as another member of the Royal Cruising Club has put it, "he was a yachtsman of the highest quality, making his way skilfully and quietly over long distances competently and without fuss".

He is survived by his devoted wife, five daughters and four grandchildren.

STANLEY WICKENDEN, M.R.C.S., L.R.C.P.

We were saddened to learn of the death of Dr. Wickenden on 4th January at the age of 87. He qualified from Guy's with the conjoint diploma in 1913, and shortly afterwards served in the B.E.F. in the 1914-18 war, ending in command of a Field Ambulance. Between the wars he was a G.P. in Perth, and in 1939 became a medical officer with the Ministry of Pensions in Edinburgh, dealing mainly with the war-wounded. After the war he retired to East Preston, near Littlehampton in Sussex.

P. G. M. ROWNTREE
B.V.M. and S., M.R.C.V.S., L.D.S., R.C.S. (Eng.)

It is with regret that we learned of the recent sudden death of Philip Giles Morgan Rowntree, at the age of 42 years.

Giles was educated at Charterhouse before entering Edinburgh Veterinary College, from where he graduated B.V.M. and S., M.R.C.V.S. in 1962. Following eight years in Veterinary Research in Dorset, he entered Guy's Hospital Dental School in October 1970, qualifying L.D.S.R.C.S. (Eng.) in June 1975.

During his time at Guy's, Giles was very active in student life, and his quiet and modest charm endeared him both to his colleagues and his patients.

Since leaving Guy's his time had been spent in both Veterinary and Dental practice in East London.

He will be sadly missed by his family and many friends.

N.P.H.

Mr. LESLIE KNIGHT

It was with deep regret that the *Gazette* staff learnt of the death of Mr. Leslie Knight of Bromley Office Supplies and Printing. For many years Mr. Knight has shown a personal interest in the *Gazette* and his help and guidance will be sadly missed.

Over the years he has had to deal with late copy, reams of unintelligible handwriting, the idiosyncrasies and inefficiencies of the editorial staff. Past editors will remember Mr. Knight for his courtesy, friendly advice and endless patience. We would like to extend our sympathy to his wife and family.

NOTICES

Knox Laboratories Ltd. (UK distributors of Oral B products) are holding a demonstration and short film, to be followed by a Wine and Cheese party (with a hot Buffet) on Monday, March 14th at 6.30 p.m. in the North Common Room, East Wing. Tickets are available to Dental Students and Staff from Francis Hughes, East Wing, or from the Clubs' Union Office. Admission is free, but only by tickets in advance.

HOCKEY PAST v. PRESENT MATCH

The annual Past v. Present match will be held at H.O.P. on Sunday, 6th March. B.O. 2.15 p.m.

Will all past members interested in playing please contact Mike Appleby, Chesham 2241 (surgery), Chesham 6407 (home).

THE ABUSE OF PSYCHIATRY IN THE U.S.S.R.

Thursday, January 27th, Tower Lecture Theatre

Two years ago, psychiatrist Dr. Marina Voikhanskaya left Russia because she felt that she could no longer treat mental patients, whose "only disease was dissent". She also left behind her nine-year-old son Misha, whom the Russian authorities now refuse to release.

On January 27th Marina came to speak to Quodlibet about her experiences as a psychiatrist in a Leningrad mental hospital. Through her broken English, she replied to questions from students and staff in the crowded auditorium, and a frightening picture of Soviet mental care emerged.

She spoke of how crowded and understaffed the wards were for all types of mental patient: of her gradual realisation that some of the patients, undergoing heavy drug regimes, were not mentally ill at all. They were "dissenters". Clearly the word "dissent" covers a wide spectrum. It ranges from the case of Alexander Argentov, who is being treated for his views on Christianity; to the case of "dissenter" Zinovy Krasivsky, whose diagnosis of "sluggish schizophrenia" was based upon his being "cheerful and amicable during the day, and writing tragic poetry at night". Marina also referred to the case of Vladimir Borisov, who was put in a mental hospital on Christmas Day last. He was not even released when a Commission of psychiatrists, including a professor (Ozerevskovsky), ruled that he did not need medical treatment. Without official statistics, it is difficult to assess the extent of the problem. Certainly, foreign observers appear to have been hoodwinked. Marina has herself witnessed the visit of a British psychiatrist to her own hospital. On this occasion, a "model" ward was set up, with half the normal number of beds removed; and the unwitting doctor was feasted in a style quite out of character with the hospital's normal fare.

Like many of her ilk, Marina is passionately devoted to the well-being of Russia, and now doubts whether leaving was the best course of action. Her public revelations have also led to personal tragedy; after two years, her nine-year-old son, Misha, is still in Russia. Judging by his letters, Misha wants to join his mother, but the authorities have adopted a number of tactics to stop him doing so. Currently, they are putting pressure on his Jewish (and therefore vulnerable) father to claim him. Yet the father has hitherto taken little interest in the boy, visiting him only twice since Marina's departure. Last year, he suddenly re-married, this time to a Party member (which he has never been), who is apparently a lady that he always detested. Thus the plot thickens, the aim of it being to show that the child has a suitable, attractive home in Russia. Meanwhile, Misha continues to send his mother a welter of letters and poems, such as the one below. They all reveal a remarkable, if melancholy, perspective for a nine-year-old child:—

"Life . . . it's long and life it's short
it must be made up out of the years of a ball of wool
And the wool gets less, gets less, gets less,
and a man's life becomes shorter.
And one must enjoy
the happy and the unhappy
like one's loved one.
And I wish for humanity;
live on, live on, live on.

Both Marina and Dr. Max Gammon, who introduced her at the meeting, referred to the work of C.A.P.A.—"The Campaign against Psychiatric Abuse". It was founded in September 1975, and though principally concerned with the demonstration and prevention of abuses in the U.S.S.R., it investigates abuses elsewhere. It has helped to mobilise help from both the Royal College of Psychiatrists and the British Psychological Society. Its director is Victor Fainberg, who was to have spoken on the 27th, and who will shortly be coming to Guy's. He was held in a Russian mental hospital for his outspoken criticism of the Czechoslovakian invasion, and has been working against psychiatric abuse, since coming to England in 1974.

After the two guest speakers, Dr. Fry of St. Olave's explained the reasons, why psychiatry is so vulnerable to abuse, and asked the audience to lend the campaign every support.

So, finally, what can *we* do? How does Guy's fit into all this and what actual pressure can we hope to exercise? Present day Russia requires political and economic *entente* on one level, and respect for its professions on another. The former is threatened by general protest at psychiatric abuse and the latter by specific protest from medical bodies. The effectiveness of the latter form was shown by the release in July 1975 of Anatole Ponomaryov. He was being treated with "aminazin" for writing satirical verses, and obtained his release following a letter from the Royal College of Psychiatrists.

Until now, concern and pressure in the profession has come mostly from the various bodies of psychiatry. This has clearly had some effect. Yet there is so much more to do, and with the whole weight of the medical profession behind the movement, so much more could be done. Guy's, as one of the foremost teaching hospitals in the country, could lead the way by adding the support of the entire medical profession.

Michael Dixon.

(Anyone (staff or students) interested in receiving more information on psychiatric abuses; or who would be interested in joining C.A.P.A. and, perhaps, a Guy's group—send a note to Michael Dixon, East Wing. I stress that such a group would be *independent* of Quodlibet.)

Next meeting:

Lord George Brown: Our next meeting is planned for Thursday, March 17th at 5.30, in the Tower Lecture Theatre when we hope to have Lord George Brown as our guest speaker.

Future meetings will include a talk on the occult from that well-known author Colin Wilson which is scheduled to take place early next term. Further details on our meetings are obtainable on request from Paul O'Hare, Jane Sladden or any other committee member.

J. E. S.

Dental Society

FOR WHAT SHOULD WE BE EDUCATING DENTISTS?

That a dental undergraduate ought to receive a primarily academic education is a view which is being increasingly stressed by some teachers. Dental degrees are awarded by universities and so should be appraised along with other first degrees. Opponents argue that in order to acquire the qualities of clinical judgement and expertise expected of the dentist his or her training must be primarily practical.

Mr. Alex Milosevic suggested that the Guy's Hospital Dental Society might discuss this issue and speakers were invited to consider the motion that "*A primarily practical training is a better preparation for general dental practice than an academic education*". The motion was proposed by Professor J. W. Osborn of Guy's, opposed by Dr. A. Sheiham of the London Hospital and chaired by Dr. Karen Hiiemae, also of Guy's.

Prof. Osborn opened his case by considering just what he should expect by way of quality of treatment if he were a dental patient. He gave an example of three dentists (not Guy's men), who up to qualification had only made two gold inlays between them; one of these did not fit and so the cavity was re-cut for amalgam. Lack of practical training he said, led to the intolerable situation whereby dentists were entitled by law to perform procedures of which they have had little or no experience. He wanted to be sure that the dentist had both the confidence and the competence to administer as full a range of treatments as is possible in general practice. He thought that much of the time spent by students on laboratory technique could be more profitably spent treating patients but that with the present economic climate this was unlikely to happen soon.

Essentially Dr. Sheiham's case rested upon the notion that it is better to understand why to perform a procedure rather than to follow someone else through the motions until a certain level of practical competence has been reached. Without an academic education as a primary aim, the dentist could have little chance of developing a rationale for his actions. An uncritical approach he believed, can only produce a stagnant profession of dentists who are neither prepared nor perhaps able, to consider their practise in the light of new developments. Moreover he thought that dentists who had received an academic education were usually technically better practitioners than their colleagues who had been raised upon the art of technique.

Once thrown open the debate rapidly became a discussion of practical *versus* academic, without clear notions of either terms emerging. We were never quite sure just what was meant by an "academic education", or how this was supposed to make dentists think more critically. It is too often assumed that an academic education is always an intellectual exercise and that expenditure of intellectual effort will lead to good academic results. People who talk about academic education and the like should be careful to distinguish between precepts and percepts; students are perhaps in considerable danger of being overtaught. Students are sometimes asked whether or not they feel the teaching to be stimulating; it might be as well to ask members of staff if they find that teaching stimulates them.

To a floor speaker who felt that inadequate knowledge was imparted by her course, Prof. Osborn replied that given a primarily practical training there was absolutely nothing to stop students making investigations for themselves or from entering into discussion with members of staff, however it has to be remembered that nearly all academic departments are understaffed.

"Primarily practical" appeared to mean something like "more of everything." More consideration might have been given to the bases on which time is allocated for particular treatments. At times the debate tended to sag somewhat, possibly because the motion was phrased so as to create more opposition than really exists. In future it might be more productive to substitute "is useless without" for "is better than".

There seem to be no good reasons why dental students should not devise, perform and evaluate experiments as have the "thinking on feet" groups that are so successfully supervised by the Physiology department. Such projects could count toward examination results and sign ups. This should be acceptable to those who do not perform well in examinations, without at the same time being an insidious form of continuous assessment. Many students learn very little from formal lectures which may take up considerable time; these students use lectures to provide them with a syllabus from which they can plan their revision. This is not a demand to scrap lectures but a request to examine whether or not lecture time is efficiently used. Some clinical departments, Periodontology and Preventive Dentistry for example, have had great success with seminar groups and discussion type teaching.

Both the theoretical and practical aspects of dental education should shape rather than reflect practice. We have fairly clear ideas as to what dentists do but after four years of undergraduate experience are they doing what they could? If it were possible, for example, to delegate safely and efficiently the tasks of routine amalgam restoration and scaling to auxiliaries, would dentists treat more patients who are at present deferred to hospitals. Ironically hospital staff are often far worse off financially than their colleagues who send them the "difficult cases". For example, we even tend to think of G.P.s as being legally permitted, rather than clinically expected to administer I.M. penicillin. Although financial constraint is probably the biggest obstacle to change and while change should not be made for the sake of it, we might well ask whether we are getting enough from our dentists and whether they are getting enough from their profession.

The motion was comfortably carried. Congratulations are especially due to the main speakers, organisers and chairman of this much needed debate.

WOLFSON HOUSE

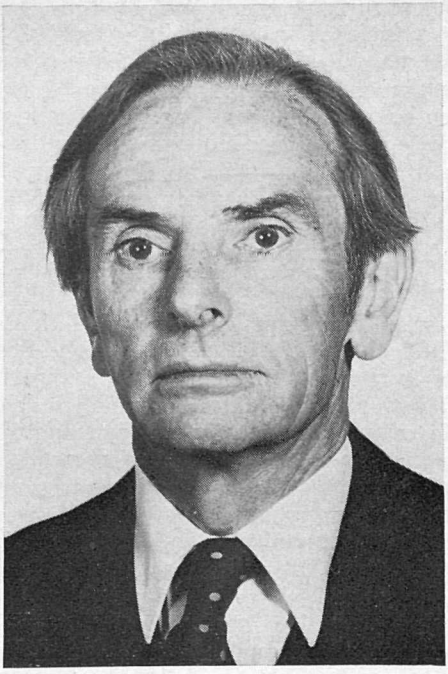
Below is a further list of Guy's men and women, together with members of the staff of the Hospital and School, who have contributed to the Appeal Fund up to the time of going to press :

Dr. J. Barrie
Dr. F. H. Brain
Dr. H. P. Dick
Professor G. E. H. Foxon
Dr. J. Hackwood
Mr. B. J. Heath
Dr. R. G. Nicholson
Dr. A. M. G. Parry
Mr. K. E. Pringle
Dr. J. H. Ransford
Dr. and Mrs. R. J. Vale
Mr. A. W. R. Williamson
Mr. W. J. Wolfsohn
Dr. and Mrs. N. C. Yendell

A total of 474 Guy's men, women and staff have now responded to the Appeal and have donated or covenanted an estimated £36,857.

Approximately £350,000 still needs to be raised to meet the capital cost of the building and it is important for the School that this is collected within the next three years.

PROFESSOR J. N. HUNT



With the departure of Professor J. N. Hunt to the U.S.A. the Medical School has lost one of its characters. Professor Hunt was a member of the staff of the Physiology Department for 31 years and for 14 of these was chairman of the department. Taking over from Professor Spurrell, he revolutionised the teaching of medical students using new methods, many of which are now in use in other medical schools. Even the style of the previous 2nd M.B. (now the B.M.S.) examination was distinctly his own, with the emphasis on the ability to interpret data rather than on the routine unquestioning acquisition of information. The view is often expressed by his colleagues in the U.K. that Professor Hunt has a wider knowledge of physiology than anyone else in the country and there are very few areas where he could not make a useful contribution during a discussion.

Gastric physiology benefited from the same energy that he showed towards teaching and he is an international authority in this field. This is, one suspects, the reason why the Baylor School of Medicine in Houston was so anxious that he join their staff on a permanent basis.

Those who worked in the Department will miss the enthusiasm and cool, wise judgements that were typical of Professor Hunt and above all they will miss his interest in their academic welfare. Guy's loss is Houston's gain and we can but wish him well in his new environment.

Ian Macdonald.

Jack Hunt is not an easy person to "know". Our first encounter was as long ago as 1941, when we were both in our twenties, and we have sub-

sequently been colleagues here for 22 years. Yet I cannot claim a wide or deep knowledge of his activities. Fortunately this is not an obituary! To be sure, our first meeting was transitory; we both served at Surgeon Lieutenants in the Royal Naval Volunteer Reserve from 1940 to 1945, and we met aboard his ship, a Tribal Class destroyer of the Home Fleet (I believe) at anchor in Scapa Flow. It was a convivial occasion, and I cannot pretend to recall much of it, though I am sure that Jack must have aimed a few typically sharp questions at me—and equally sure that some of my answers would have seemed unsatisfactory and even downright evasive. But then, I have never believed that there is a succinct "potted" answer to everything. Life is not toally reducible to M.C.Q.!

Meeting Jack Hunt again after a ten or fifteen year interval confirmed first impressions. All his friends and colleagues must have been exposed to the well-known "Huntian" manoeuvre, which usually takes the form of sudden appearance at one's door, though his approach, with a slightly stiff, short, and rocking gait is rapid and silent, often carrying him to one's side (or back!) unheralded at the busiest moments. Not that he is ever discourteous, for these lightning sallies from his own quarters he will most patiently stand by until one's current crisis has abated. Nor are his questions or remarks ever trivial, though they are customarily so pared down to bare essentials as to resemble a barb, which they are undoubtedly intended to be. He expects similar responses in this laconic thrust and parry; but sometimes the "truth" (or its available approximation) seems to float away from the confined formalities of this over-regulated rapier play. However, I have found Jack's conversations—or, should I say, interrogations—usually stimulating, occasionally irritant, and, as the years have rolled by, almost always enjoyable. Especially on those occasions when his initial question or statement could be drawn out from super-crystallization into a discussion, I have found his opinions often, but by no means always, acceptable, though far more acceptable once released from the straitjacket of his initial utterance. In such unhurried encounters, regrettably rather rare, one learns to appreciate his real abilities, particularly a general orderliness of mind and a sincere and sustained adherence to the logic of science. Yet, if one may tease an old friend, one may suggest that the constraints of calibration sometimes canalize his discourse into a kind of verbal titration. Moreover, it is rarely possible to divert him from strictly professional talk towards his other interests—antique furniture, for example. But then, those who make themselves really knowledgeable in all which interests them (and Jack certainly does that) are often averse to "small talk".

This brings me to full circle, for it must be admitted that Jack Hunt is not easy to "know", as I am sure he knows! Some have even considered him "difficult" and even abrasive, a judgement, like most of those in life, with a balance of truth and untruth beyond measurement. Are we not all different shades of grey? It has been said that nothing should be expected of one's friends, with a cynical implication which I prefer to ignore, adding that it is perhaps only thus that one may, with patience, discern their true qualities. My respect and liking for Jack Hunt have thrived thus over the years, across the filter of his mannerisms and, of course, *mine*! I can only hope that he also considers that he has reached some sort of Donnan equilibrium with *me*. I shall miss him—even his most aspersively antigenic quizzing! I wish him much success and happiness in his new environment. He will indubitably teach "them thar Texans" a thing or two!

Roger Warwick.

B.M.S. COURSE

A STUDENT VIEW

Wesley Scott-Smith

Introduction

It has been said (anonymously) of the B.M.S. course that the ultimate aim is to "cram" twice as much information as was required for the old 2nd M.B. course into half the time ! Well, that statement may have some truth in it but is somewhat of an exaggeration. Admittedly, the course has a "bulkier" appearance on paper. This owes much to the addition of subjects such as Psychology, Sociology, Statistics and Genetics, which arose from the Royal Commission on Medical Education (1965-68) headed by Lord Todd[1], concerning in particular undergraduate medical teaching (in addition to reports on postgraduate education and training, future patterns of medical care in Britain, etc.). In parallel with this was the revision of the 2nd M.B. curriculum—broadening its scope and "compartmentalising" some of the subjects, e.g. Anatomy, now split into Gross Anatomy, Cytology and Human Reproduction and Development. The new course has advantages over the old system as a preparation for clinical studies (students are more "clinically aware") but also has some obvious flaws (e.g. too many examinations). In this article I hope to point out certain vital areas of the course which in my view need re-assessing and also those which appear to be achieving their objectives (where stated) satisfactorily. This is entirely a personal account, however, to back up some of my own judgements I have used results from a recent course survey conducted by the Student Medical Education Committee[2] (S.M.E.C.) 1976.

The Major Subjects

After a minimum time on the clinical course it is relatively easy to point out areas of the B.M.S. course which have fallen short of their targets, involving subjects supposedly geared in their latter stages to reducing the shock of entering the wards. Although this short time is essentially an inadequate basis for criticism, particular points still remain valid: such as the lack of clinical relevance impressed upon the student of particular anatomical details (e.g. blood supplies of the head of the femur and the Scaphoid bone with respect to Aseptic Necrosis). Perhaps the Clinical Anatomy course should be resurrected to bridge clinically deficient sections of early Anatomy. The 1st year Anatomy lectures are poorly organised and inadequate, often containing too much information which is not central to the immediate needs of the average student (see Table 1). At this early

Table 1

Response of senior B.M.S. students to question: "How would you rate the following teaching style in the Anatomy course?

	Very Valuable	Valuable	Average	Little Value	No Value
First year lectures	—	—	5	27	68
Neuro-Anatomy lectures	56	36	8	—	—

2 S.M.E.C. Survey 1976.

stage of the course, most students find themselves in an "academic void" not knowing exactly what to learn up or in how much detail. Although departmental policy is not to spoon-feed, there is a case for this approach during the 1st term at least, thus reducing the possibility of producing the "academic liabilities" mentioned by Professor T. J. H. Clark in a recent *Gazette* interview[3]. Early guidance and re-assurance is essential to avoid deterring the student from expanding his knowledge; lecture timetables should be provided and a wider range of lecturer should be used. Neuroanatomy is fortunately one section of Anatomy which is introduced competently and is well organised, in spite of its inherent problems of 3D. It is most definitely an advantage to have this part of the course taught in conjunction with Neurophysiology, Neuropharmacology and Neurology, (i.e. as a Neuroscience block).

The Biochemistry course, so often very tedious and apparently irrelevant, ought to be reviewed, especially with respect to the practical sessions. The practicals are not highly thought of (see Table 2) and are generally held to be too long (often over three hours) by which time the students' interest has dwindled considerably. Clinical relevance is minimal until the later stages (both in practicals and lectures). Surely the essence of any preclinical course is to learn the basic structure and functions of the human body and applying this to various pathological states encountered on the wards. If the student cannot relate the two, then he is in danger of losing sight of his goals. In this respect, the series of clinical lectures, demonstrations, tutorials and ward rounds help enormously (and I make no apologies for introducing clinical teaching under major subjects—for I feel it should be considered as such). The introduction of early clinical teaching does not create an extra academic burden on the student but engenders interest which is sadly lacking in other departments. Exposure to situations such as the videotaped interview, Thamesmead, and history-taking on the wards ought to be increased, enabling the student to pick up some valuable clinical touchstones.[3]

Physiology presents the fresher student with certain problems; foremost of these is the development of a "physiological train of thought", largely critical in its attitude. Once the student grasps the sequential patterns of physiological control mechanisms and the feedback principles, his task is made easier. Teaching in the department is regarded by students as above average (53 out of 99 students thought that the educational style of the department was "better than others[2]). The course, however, amply illustrates the abuse of tutorial time; tutorials should not be used for didactic teaching, but for discussion—which is unfortunately rarely forthcoming. On the other hand, structuring of some variety is essential, from both staff and students. Frequently, the success or failure of a tutorial is merely a reflection of the characters of the tutor and/or the students.

General opinion varies about the "Thinking on Feet" project run by the Physiology Department during the 4th and 5th terms. Projects are considered generally to be an average form of assessment, rating below essay type exams, M.C.Q.s, and term work assessment (Table 2). Some students revel in the freedom permitted by project work, others rapidly become bored. If the project system is to be continued it may be worth considering expanding it (not in time) to involve other preclinical subjects, giving more scope to the student. Staff from other departments could be involved as tutors. A multi-disciplinary approach allows the student to see the interaction of various specialities at work, instead of being plunged deep into studying an isolated area of one subject. If the project is to contribute towards an

Table 2

Q.—How would you rate the following types of assessment?

	Very Accept-able	Accept-able	Average	Dislike	Strong Dislike
Essay type exam.	14 (14)	55 (41)	26 (28)	3 (14)	2 (3)
M.C.Q.	17 (30)	61 (96)	17 (12)	4 (10)	2 (2)
Practical exam.	2 (1)	16 (21)	26 (25)	35 (31)	20 (22)
Vivas	7 (11)	27 (40)	34 (27)	21 (14)	10 (8)
Assessment of term work	6 (28)	50 (36)	26 (13)	16 (15)	2 (7)
Essay on topic given in advance	14 (30)	20 (19)	32 (20)	24 (21)	10 (11)
Projects	7 (24)	25 (20)	37 (21)	21 (20)	9 (9)

2. S.M.E.C. Survey 1976. Figures in brackets: S.M.E.C. Survey 1974

assessment (the majority of students do not find this an attractive proposition) then it should follow in the fashion exemplified by the Sociology examination (*vide infra*). It is also evident that some students deplore practical work; for this group of students it may be useful to create an alternative work unit. In connection with practical work, the practical sessions in Physiology early in the course seem to be lacking in something when compared with the more successful Pharmacology practicals/demonstrations. This may reflect a variety of factors, probably the most important of which is the method of presentation of the subject matter. Arousal of interest should be a primary aim in any form of teaching. It is rare to find a tutor who knows how to evoke such interest—perhaps Guy's is deficient in teachers who can *communicate* efficiently?

As mentioned briefly above, the interest shown in a subject may rely on its mode of presentation. This particular point highlights the success of the Pharmacology course as a whole. This should continue in its present format with one notable exception; namely the Clinical Pharmacology lecture course. This produced some consternation among the student body largely due to poor definition. Hence, many of the vivas at the end of term VI were unsatsifactorily. These vivas examined knowledge of two years Pharmacology lectures, whereas the Clinical Pharmacology course itself touched only on vital areas of Therapeutics—the vivas thus appeared to defeat the object of continual assessment whereby *re*-examining subject matter is usually excluded. The aims of the course must clearly be redefined.

The Minor Subjects

These are denoted as "B" and "C" subjects and take second place to the more important "A" subjects, consequently they are less stringently controlled by University regulations. M.C.Q. type examinations are scattered diffusely throughout the course in these subjects. Initially the student is confronted with Statistics, Cytology, Genetics and Human Reproduction and Development; then graduating in the 2nd year to subjects more immediately relevant to clinical medicine such as Medical Physics, Pathology, Psychology and Sociology.

The Statistics course aims to aid the student to assess research papers found in the medical journals with a critical mind, and hence avoid the confusion so often produced by the numerous figures and tables that litter these articles. It may also help those doing their own research, e.g. "Thinking on Feet" project. With these thoughts in mind the course is largely a success. However, students tend to view the subject rather lightly (as with

Medical Physics). The course, as a separated unit, holds a questionable position in a preclinical curriculum where time is at a premium, indeed most of what is taught could be integrated into other subjects. Medical Physics should also be integrated in this fashion.

An example of where integration has been attempted with varying success is the Genetics course. A large number of lecturers were employed in the course which produced certain inconsistencies, foremost of these was the occasional preoccupation with specialisation. Up-to-date research often lost its impact on students and too much mention was made of very rare diseases such as Hunter's and Hurler's Syndromes; it was surprising that a disease such as Von Recklinghausen's Neurofibromatosis was omitted. It is a difficult course to assess but the department possesses some excellent lecturers who present the important areas of the course efficiently. If any criticism is to be made, it would be to suggest in some way alleviating the monotony of the initial lectures covering basic genetics.

It would seem provident to discuss the Cytology and Pathology courses together, since one forms a natural progression from the other. The Cytology department provides some entertaining lectures amply illustrated by numerous character sketches ! The main faults lie with the arrangement of the practicals, in part, due to the lacking facilities (now improved in the Biology lab.). The discussion of slides using one tutor with a class of 50 students is deplorable. Since this department (or any other) is unlikely to be allocated funds for further teaching posts another solution to this problem must be sought. Either smaller student groups must be created, in the form of revision tutorials or, the deployment of staff from other departments, e.g. Anatomy, Pathology, Biology, might help. The examination of the practical side of the Cytology course is, to my mind, a proficient method of testing knowledge. Pathology teaching in the 2nd year largely excludes practicals, relying more on lectures which on the whole are interesting. Occasionally, the Pathology causes some confusion to the student, especially the Immunology section, and also creates one drawback (comparable to that found with the Block pathology course in 1976) namely, that the student is largely ignorant of the clinical aspects of most disease processes. This could be offset by more clinical teaching as suggested previously. As a last point about the Pathology course, if the department is going to set an examination covering the course, is may be useful *not* to reset the paper from the year before (to which most students had access !).

One of the least intrusive courses in B.M.S. is Human Reproduction and Development (incorporating some Paediatrics, Obstetrics and Gynaecology). Early embryology taught via a two-dimensional blackboard is difficult to visualise, and the demonstrations run in conjunction with the lectures could be used more effectively. Embryology also suffers from its "divorce" from Gross Anatomy (in that students forget to relate the two). The films shown by the Paediatric department on child development were both effective and enjoyable and illustrate the effect of films in amplifying (and often simplifying) pre-existing thoughts in students' minds. The teaching of all departments would benefit from more use of films, audio-visual tapes, etc. Unfortunately the Paediatric lecture series was rather inconsistent; to the extent that one "lecturer" walked in with her notes, delivered her "epic speech" piecemeal with no pauses whatsoever (except to breathe) and then strode out leaving a rather stunned and stupified audience ! Perhaps these occasional discrepancies could be erased in future?

Most of the subjects already discussed were in fact contained in the

old 2nd M.B. course. Two subjects not fitting this description are Psychology and Sociology, the so called "Behavioural Sciences". The following points form the basis of the two courses :

(1) Social factors in illness behaviour.

(2) Factors affecting the doctor/patient relationship.

(3) Psychological aspects of medicine, e.g. pain and its perception.

Psychology is taught on a more formal basis of lectures compared with the informal discussion sessions used in Sociology. Accompanying the lectures are some concise handouts covering the appropriate subject matter (creating an easy way out for the lazy student who can't be bothered to turn up for lectures). The didactic teaching could be supplemented by more discussion groups (of which there were only two), encouraging the more introverted student to speak forth, although this approach has its drawbacks as seen in the Sociology groups, e.g. that of domination of the sessions by the more loquacious members of the set. As mentioned previously the Sociology department is alone in setting aside 50% of the course marks for a prepared, in-course, essay. I believe this form of examination should be extended to other subjects but majority opinion seems to be equivocal on the matter (see Table 2). Both courses succeed in opening up avenues of thought previously untouched by most students without them necessarily having to remember more factual information. This provokes an alertness in the student towards the psychological and social problems encountered, for instance, in General Practice. As a last point regarding Sociology, the course would perhaps be more acceptable if the discussions had some form structuring, thus alleviating the sense of insecurity many students experienced during the course.

Probably the most important single factor which dominates the student's mind during the course, almost to the point of total preoccupation, is the ever-impending examination. The large number of examinations, especially of the M.C.Q. type, must be reduced, and replaced by alternative forms of assessment. A condemnation of the modern student is that he doesn't think for himself and "multiple guess" examinations (an oft used nickname for M.C.Q.s) only exacerbate this situation. The era of computers and M.C.Q.s is unfortunately with us to stay but we must guard against overuse of this method of evaluation. Perhaps, if the total number of exams is reduced the course will prove more enjoyable. In addition, the timing of retake exams should be reviewed (although governed by University Regulations), possibly moving them to a halfway point in the term following failure, preventing total submersion in examinations experienced by those in this predicament (excluding retakes from the 3rd term).

Before briefly summarising this article, I proffer a series of recommendations covering the major points discussed :

(1) That the 1st year Anatomy lecture course be revised using a wider range of lecturers, and that the Clinical Anatomy course be reintroduced.

(2) Reduction in number and in time of the Biochemistry practicals.

(3) Enlargement of the scope of the "Thinking on Feet" project, encompassing other departments.

(4) Increase in the curriculum time allotted to clinical teaching.

(5) Redefinement of the Clinical Pharmacology course.

(6) Rearrangement of the organisation of Cytology practicals.

(7) Introduce more in-term assessment, reduce the total number of examinations and look into the timing of retake examinations.

(8) Provision of regular follow-up surveys of student opinion (via S.M.E.C. or a similar body).

Summary

The task of providing constructive criticism of a course such as B.M.S. is indeed very difficult and one cannot hope to cover all the areas in which problems have been encountered. To those members of staff who are astute enough to listen to student opinion, the major stumbling blocks of the B.M.S. course will already be familiar. To those whose awareness is less acute, I hope this article will provide an insight into the thoughts that many students share about the course.

References :

1. Royal Commission on Medical Education (1965-68), H.M.S.O.
2. Student Medical Education Committee Survey of the B.M.S. course. (Senior B.M.S.)—courtesy of R. Trembath.
3. *Gazette*, October 1976.

ANSWER TO CURIOUS PROBLEM No. 13

TO TRAP A "MAVERICK"

The problem is to identify the reject ball out of a total which happens to equal 13^2 (13 x 13). Advantage can be taken of the fact that it is possible, in 3 weighings, to identify a "maverick" among 13 single balls.

The technique is as follows :

The balls are divided up into three groups of 5, 4 and 4, which we may identify by the letters abcde, fghi, and jklm. The first weighing must be fghi v. jklm.

Case I—If they balance, the reject is one of abcde. Hence second weighing must be abc v. 3 good balls (e.g. fgh).

Case Ia—If these balance, weigh d v. a good ball (e.g. f).

Case Ib—If abc proves heavy (or light) weigh a v. b. This establishes which of the 3 is the heavy (or light) ball.

Case II—If fghi prove, say, heavier than jklm, second weighing must be fghj v. i plus 3 good balls (say abc).

Case IIa—If these balance, k, l or m must be light; hence weigh k v. l to determine which of the three is the light ball.

Case IIb—If fghj is heavier than iabc, then f, g or h must be heavy. Hence weigh f v. g to determine which of the three is the heavy ball.

Case IIc—If fghj is lighter than iabc, then either j is light or i is heavy. Hence weigh i (or j) against a good ball (say f) to determine which.

Clearly the same technique can be used to identify one of 13 groups of equal size whose weight is uniquely different from that of the rest. Thus 169 balls can be divided into 13 groups of 13 balls each in order to establish which group contains the non-standard ball. This requires, as already seen, only 3 weighings, and a further 3 weighings using the 13 balls of the now identified non-standard group then permits identification of the reject ball.

Answer : 6 weighings.

John Efthimiou.

REPORT ON THE PENTAX ST/1A ELECTRONIC STETHOSCOPE

By A. K. Yates

Consultant Thoracic Surgeon

I was interested to be given the use of the above product as, although having listened through an electronic stethoscope, I have never had the use of one and always wondered why they were not more popular. In assessing the value of a product such as the electronic stethoscope, one must take into account its efficiency and ease of use; any advantages it has over the normal binoral stethoscope; cost-effect comparison.

Having used this stethoscope for a month, I think it is possible to understand why it has never become popular. In practice, it is not as convenient to use as the conventional stethoscope because of the care that needs to be taken to avoid undue traction on the wire connection between the microphone head and the electro-binoral, and physical damage to the electronic body. The two parts are, in fact, simply disconnected by withdrawing a plug connection, but the busy doctor does not wish to have to reconnect the instrument repeatedly before use. I feel that with heavy use this part of the apparatus is at risk of early failure.

With regard to the transmitted sounds, one can control volume and there is a switch for the selection of high or low frequency sound amplification. Having used this stethoscope for a month, and having become familiar with its manipulation, it would appear that the amplification aspects are of no great benefit to a person with normal hearing. As amplification is increased in an attempt to establish a suspected murmur, it is found that the total impression is that the more superficial noise sources such as chest muscle and skin are amplified much more than the underlying heart sounds, and the exercise is self-defeating. My impression is that with care this machine will produce as good sound transference to the ear from the patient as does a good conventional stethoscope, but it does not produce any added facility of significance.

Taking this fact into account, added to the cost (the electronic stethoscope being much more expensive than the conventional stethoscope), combined with the disadvantage of depending upon a battery-powered instrument, probably explains why the electronic stethoscope has not become a popular instrument. Underlining this, it is interesting to note that the on-and-off switch button, which is used several times during each patient examination, began to malfunction before the end of the month, and presumably this would require returning the piece of equipment for repair.

In summary, the electronic stethoscope would appear to have no significant advantage over a good conventional stethoscope. Its facility of amplification of sounds also exaggerates extraneous sounds such that critical auscultation assessment is not aided. Therefore, in general, one would not recommend the purchase of an electronic stethoscope with the proviso that possibly it has specific indications in doctors with impaired hearing!

PHYSIOTHERAPY

DEMAND FROM SUPPLY

If you were to take a pint pot and try to pour in a quart, you would, as every mopper-up of spilt milk knows, have problems. But if the walls of the container were somehow made extensible, and if you put enough pressure behind the pouring, then it is not inconceivable that you might have some success. True, it would cease to merit its pint-pot status, but it could be a useful receptacle nonetheless.

Take instead, a standard pint-pot and try to pour a quart out of it. No matter how you twisted or squeezed it, its output could not be raised.

This tortuous—and doubtless unscientific—prelude leads on to the proposition that while you can force more demand into a recipient, unless you make his boundaries truly elastic you cannot expect to get more out of him. This, it seems, is a fact that has not been grasped about physiotherapists. It would be unlikely that everybody is producing full capacity all the time, and if they were, not only would they be most uncomfortable to live with, but they would be both literally and metaphorically exhausted. But physiotherapists, like other Health Service workers, have some elasticity and the boundaries of their capacity can be distended and still recoil up to a point, so that they can and do accept extra demands and respond in full measure and even beyond. But only to a point. There is a limit beyond which further pressure simply produces an inefficient distension without a corresponding increase in output.

This is a fact that must be accepted, because the calls are continually increasing and the response cannot indefinitely be taken for granted. It would be an exaggeration to say that the critical stage had yet been reached at Guy's but it is not far distant. On the educational side, the staff cannot go on satisfactorily training students, and producing good results in examinations when chronically 40% below establishment, nor on the clinical side, can they go on accepting greater expectations of service without a reduction in efficiency. Corners will have to be cut somewhere and some work will have to be skimped.

It has to be remembered that this hospital trains physiotherapists as well as doctors and nurses and that these students need to be educated in an environment of excellent practice. It would be a matter of the gravest concern if their qualified sisters were to demonstrate standards less than the best, but with the best will in the world, they will be forced to settle for a lower level if the pressures continue to mount.

It should be appreciated that Guy's has maintained the highest standards in this field, as in others and be resolved that they shall not be lowered, because a depreciation will have more than just a temporary effect, it will perpetuate itself by inculcating lower levels of expectation amongst those future qualifiers not only in physiotherapy but also in nursing medicine.

NURSING

A DILEMMA FOR DOCTORS?

During recent weeks, much thought has been given by various interested parties to the evidence which they will be submitting to the Royal Commission appointed to study the effect of reorganisation on the Health Service.

Some of the evidence has been publicised and it has been intriguing to discover that those who recommended the adoption of the changed structure are now saying that the new organisation is unwieldy and was badly conceived. One wonders how much financial assistance they were given to cause the resulting chaos.

Nurses will, of course, be submitting evidence but, in the meantime, the opinions of the medical profession have proved to be interesting.

The doctors have, as might be expected, used this opportunity to comment on the state of nursing, and since this does directly affect them such comments cannot be considered unreasonable. How much better it would have been, however, if the authors had ensured that the facts were correct, and did not also attempt to blame events of a decade ago for the situation today. The doctors, it appears, are still obsessed with the implementation of the Salmon Report, and they may have good reason, but to state that it was directly responsible for a decrease in ward nurses due to the fact that they are now withdrawn from clinical duties for "block" teaching in the school, only reveals a disturbing ignorance. "Block" teaching was introduced in 1948, and the present trend is to return to the situation which existed prior to that, which is teaching during study days. Furthermore, the Salmon Report was concerned only with nursing administration, and it was the ill-fated Briggs Report which recommended changes in nursing education.

One of the other comments has been that reduced working hours have led to inadequate staff coverage in the wards, and lack of continuity in patient care. This may be true up to a point, but doctors' working hours have also been reduced, and a ward is frequently left for a whole weekend with no medical supervision apart from a house officer who is standing in for his colleague, and who does not even know the names of the patients.

However, this all leads to wider connotations. Is it not time that doctors decided just what they *do* want? If only they had listened to the forebodings of their nursing colleagues in 1966, the situation today might be different, but as it was they adopted the ostrich posture.

As far as nurse education is concerned, it is also time for a change of attitude. On the one hand they appear to want nurses who are unintelligent and untaught. They require no educational certificates at any level, but must just be nice girls. On the other hand they must enter the wards with complete medical knowledge, able to interpret complex biochemical laboratory results, and to take responsibility for equipment upon which patients' lives are dependent. There seems to be a certain dichotomy here, and some unreality, but it is representative of current attitudes.

Maybe if doctors and nurses ceased their complaining and concentrated upon working together, the situation would improve. The Medical Profession might also be advised to look at their own teaching, and also what they learn from the nursing colleagues. With regard to the Salmon structure, it appears to be here permanently, and everyone will have to continue to work in this to the best of their ability.

BOOK REVIEWS

"Outline of Orthopaedics", 8th edition, by J. Crawford Adams. Pp. 472. Price £5.50. Published by Churchill Livingstone.

I have had my two previous editions of J. Crawford Adams' "Outline of Orthopaedics" stolen. No greater tribute can be given to an undergraduate textbook. The book combines the weight of Mr. Crawford Adams' authority with his felicitous English. It is a delight to read.

The modern orthopaedic surgeon is deeply concerned with the technology of his speciality, and this may confound the undergraduate. Mr. Crawford Adams rightly eschews such narrow-mindedness, and his book contains a wealth of classic orthopaedics instead. This is not to say that the book is old-fashioned. The new edition has been brought up to date on numerous subjects.

The twin function of undergraduate training is to educate and inform. This book, as distinct from almost all other undergraduate textbooks, succeeds in both aims. I regard it as essential reading.

Michael Watson.

"Statistics in Small Doses", by W. M. Castle. Pp. 220. Price £3.00. Published by Churchill Livingstone.

At £3 for 220 pp., no one of which carries more text than half a page conventionally laid out, this book cannot even be seen materially as good value for money. It might be expected that an author so obviously well versed in statistics and experienced in teaching would have included more than the jumbled and disjointed bare bones of but a small part of the subject. Failure to present so many central concepts must result in total failure to intrigue the reader, who is denied any vision of a beautifully unified system. As a masterpiece in brevity linear correlation is dismissed in a dozen pages, without mention that a straight-line graph is but the representation of a simple equation. The properties of variance are not discussed: confidence intervals receive no attention. The list of omissions could extend tediously.

The method of presentation makes the work suitable for printing as a series of cut-out cards on packets of breakfast cereal; and must be seen as "scrappy" by all readers. The liberal use of diagrams, highly commendable in itself, gains negatively by including caricatures of garden worms wearing bowler hats bedecked with daisies. Such illustrations certainly do not aid the acquisition of knowledge by those of good intellect, and lamentably can have no better effect with those less well endowed. After a bumpy passage over only a page or two, there arises an urge for a smooth piece of well-written prose which can be judged also according to literary criteria. Such a reaction may not be surprising from your stolid and aged reviewer, but was described also by his nineteen-year-old assistant; in fairness it must be reported that one of his sons, rising 30, actually approved of the author's approach.

R. W. R. Baker.

"An Introduction To Primary Medical Care", by D. C. Morrell. Pp. 138. Price £1.95. Published by Churchill Livingstone.

Notwithstanding the change of title of this revision—from the author's "The Art of General Practice" of 1965—much of this present volume concerns itself with the "process" rather than the "content" of modern family medicine.

The text is liberally sprinkled with case histories illustrative of the main concepts and these serve excellently as paradigms, albeit anecdotal, of the underlying philosophy. In addition, Professor Morrell has offered results of his own researches, showing that general practice is a matter of "Science" as well as of "Art".

Running to little more than a hundred pages, this work has its limitations—it is, after all, just an introduction. Within the limits of its size, however, the scope of the book is wide and it provides many stimuli for thought, discussion and probably argument.

If one is to find fault, this reviewer regrets the absence of a section on the organisational and financial aspects—a subject which medical students seem to find endlessly fascinating. Also, no mention is made of the problems of the male doctor dealing with some female patients, or vice versa. Indeed the doctor throughout this book is referred to as "he"—with "she" and "her" being reserved for the accompanying parent or for the paramedical health care provider. This emphasis is probably unintentional and certainly reflects the majority distribution of sexes, but its unqualified and consistent use will only perpetuate out-of-date ideas.

These small cavils aside, Professor Morrell's new book will serve as an excellent, and immensely readable, introduction to modern general practice. It is recommended especially for medical student consumption prior to general practice firms, and may be usefully read by post-graduate trainees and, who knows, even "established" practitioners.

Tony Cole.

"Health Care in a Changing Setting: the UK Experience". Ciba Foundation Symposium 43 (new series). Pp. 188. Price £7.50. Published by Elsevier Excerpta Medica, Amsterdam.

This is a series of papers by a multidisciplinary group of doctors, nurses, administrators and social scientists meeting under the Chairmanship of Harold Bridger of the Tavistock Institute of Human Relations. It brings together under one cover papers which might be published in many different journals and includes the discussion which followed each presentation by the authors themselves and 13 other participants. Also included are reports of two general discussions; the second of these deals with themes for exploration which emerged from the Symposium.

Like most works of its kind it resembles the proverbial Curate's Egg, being "good in parts". Some of the papers may be of interest to members of the wide range of health care professions listed on the cover of the book while the bibliographies following each presentation may be helpful to those about to embark on health care studies. In particular the paper by Roy on "The response of the hospital doctor to the health requirements of a changing society" and that by Roberts on "Implications of shortening the time spent in hospital" may appeal to those hospital practitioners who are wondering how best to adapt their care of patients (as distinct from the technology of their specialties) to the requirements and resources of the present day. Similarly, those responsible for nursing care and health visiting may be interested in the presentations by Hockey and McClymont respectively. However, readers who have got beyond the stage of preliminary thinking are likely to feel frustrated by the enforced brevity which is almost inevitable when 11 papers on different (albeit in some cases related) topics are presented over a period of two days. Others may wonder why topics dear to their own interests did not receive a greater consideration. It seems unlikely, therefore, that the work as a whole will have general appeal for those who are not directly involved in health service management.

J. A. D. Anderson.

SILVER JUBILEE FETE

This year "The Friends of Guy's Hospital" are planning to hold their Summer Fete in the Park at the Hospital from 11.0 a.m. on Wednesday, May 25th.

The proceeds will be devoted to the renewal of the "piped" bedside radio system in the older parts of the Hospital and the extension of Radio Guy's to Guy's Tower which was opened by Her Majesty the Queen in May 1976.

MAY WE HAVE YOUR HELP PLEASE?

We have come to rely in the past on the generous support of many well wishers who have helped to ensure success ahead of the day by responding to this appeal in cash or in goods for our many stalls at the Fete.

The attractions at the Fete will include a "Tombola", a Raffle in which the first prize will be a week's holiday for two in a Luxury Hotel in Sidmouth. The many Stalls will include Toys, a Kitchen Boutique, Jewellery and Beauty Box, Provisions, Books and Records, White Elephant, Flowers and Plants, Good as New Clothes, Hats and Scarves, Refreshments.

Do Help Us. All gifts—great or small—will be most welcome and should be sent to *Services Branch*, The Friends of Guy's Hospital.

SPORT

SWIMMING

Guy's v. Royal Holloway College

Won—66 points to 57 points

A swimming match against Royal Holloway College was held on Wednesday, 27th January, at Guy's. The events started on time and everything ran to schedule (thanks to the pool attendants and timekeepers. We would like to thank Sue Overall and Gill Trounce in particular for all their assistance). Our hard training and coaching in the past few weeks proved worthwhile and Guy's maintained their lead throughout the match. Both men's and women's teams were stronger than last year. Afterwards both teams retired to the 8th floor common room of Wolfson House for refreshments and later adjourned to the bar.

We would like to take this opportunity of encouraging more competitive swimmers to join us. We now have an official swimming coach on Wednesday evenings and a water polo coach will help with the training on Monday evenings. The club swimming times are 6.00 p.m. to 7.30 p.m. on Mondays and Wednesdays.

Results	Ladies	Men
Guy's	33	33
R.H.C.	31	26

Teams

Ladies—C. Smith (capt.), M. Ganczakowski, H. Kinsella, S. Baxter, S. Higgs, V. Rago, E. Palmer, C. Chew, C. Kinloch-Jones, S. Luetchford.

Men—M. Miller (capt.), D. Rickard, J. Taylor, S. Harris, A. White.

M.G. and C.J.S.

WATER POLO

For Guy's I, playing in the University of London League, the season started half-heartedly. We missed our first match, with the London, through late arrival of the fixture list.

The game with University College was lost 10—6, we were not at full strength, and despite scoring several fine goals—the best from P. Robinson—the defence was vulnerable, failing particularly to cope with long range shooting. G. Wilcox, S. Harris and R. Horne made their first team début.

The first win, over Royal Free 2—1, was a keenly contested robust match, which Guy's won through a new-found understanding between the players. In the most recent game, there was a disappointing reverse against Imperial College, 10—3. We conceded four goals in the first quarter to a very determined side, and despite rallying strongly in the second half we never quite came to grips with this team.

Guy's II, playing in the Third Division, were very unlucky to lose their first match against Imperial College 2nds 2—0. Ceaseless pressure to the opposition goal yielded no results, but quick breaks by I.C. led to goals. Against London II, Guy's were both more relaxed and more positive in their finishing, coming out easy winners 2—0.

Teams—from: M. Miller, D. Rickard, S. Kahn, J. Beard, J. Taylor, S. Harris, G. Wilcox, C. de Sousa, P. Robinson, A. White, R. Horne.

J.T.

HOCKEY

Guy's 2nd XI 5 vs. London 3rd XI 0

U.H. Junior Cup. 2nd Feb. at H.O.P.

The first round of the Junior Cup provided the right stimulus for proving that the 2nd XI is capable of scoring goals in quantity. Neglecting their lack of match practice, Guy's took an immediate grip on the game and with two goals from Matt Kiln and another for Jon Wilde, were confident at half-time.

The slipperiness of the pitch started to tell in the second half but with the whole team playing well together and Jon Wilde completing his hat trick, goalkeeper Steve Martin felt justified at the end in complaining that we han't needed him.

My thanks to Michael Craigen for umpiring.

Team—S. Martin, C. Darby, J. Oliver, M. Vallis, P. Saunders, G. Saward, S. Gregson, D. Maxted, M. Kiln, J. Wilde, S. Filose.

M.P.V.

Note: Past v. Present match, Sunday, 6th March, at 2.15 p.m. at H.O.P. Contact Mike Appleby, Chesham 2241 (surgery) or Chesham 6407 (home) if you wish to play for the "past" team.

CORRESPONDENCE

Admissions and Disclosures?

Sir,

In response to Dr. Valerie Wass's letter perhaps I could offer some comments. Dr. Wass opens her letter by quoting an unattributed remark which smacks of being taken out of context. It was true that (those few) doctors who admit patients without informing Admissions Office create a great deal of work which could be avoided by better communications. They also incidentally cause a great deal of frustration to their many colleagues who try to co-operate in making the system work—and not least to those patients who find their booked admissions cancelled at very short notice.

So far as the duration of closures is concerned, the decision to close on Christmas Eve did not extend the total, because the alternative would have been to close on either the 29th December or the 4th January. The former was not selected as it was essential to have the support departments (especially the laundry) open for a minimum of three days to deal with the back-log of work accumulated as the result of five days closure. The reason for preferring the 24th December to 4th January therefore was simply the pragmatic one of recognising the large scale absenteeism that always occurs on Christmas Eve by closing down officially. As it was, the hospital was fully open with all staff (except those on holiday) working normally on 4th January.

In conclusion perhaps I could ask Dr. Wass whether she has a formula for persuading patients to come in to hospital over Christmas, and for staff to be prepared to work? If so, I'm sure the Medical Committee would keep it in mind when considering the scale of closures for Christmas 1977.

Yours faithfully,

J. R. P. Chapple.

Assistant Administrator
Patient Services.

Counting House.

James Gaymer Jones

Sir,

Your obituary of James Gaymer Jones makes no mention of his having been a surgical registrar. He was attached to the firm of Frankie Steward and Joey Hughes. By luck I was on this firm when I entered Guy's in October 1923. I often quote that Frankie Steward never did a laparotomy: he always made a diagnosis and (for example) operated for "a cyst of the omentum" and he was right.

My memory of my introduction to Guy's by Gaymer is vivid. He explained the traditions which included how the house surgeon met the chief in the colonnade and how the firm waited for his punctual arrival on the ward. Then he asked if we had any questions and I remember saying "How long do you think we should read?" He replied "I think if you read four hours—yes I think four hours a week that's about right". I thought he was going to say four hours a day. We had no idea that we were going to be taught so well and he was right. They were great days, followed by having Grant Massie, fresh from the Mayo Clinic, as registrar when I was a junior dresser, then Gaymer again as senior dresser and finally I was house surgeon to Joey. A professor of surgery introduced me recently as a physician with a great interest in surgery and I could have added that it stemmed from Guy's.

Yours faithfully,

R. E. Smith.

Warwickshire Postgraduate
Medical Centre,
Stoney Stanton Road,
Coventry, CV1 4FG.

HOSPITAL INFORMATION

BIRTHS

DAVIES—To Clare (née Stannard) and Ivor Davies on 12th January, 1976, in Cape Town a daughter, Hilary Ruth, sister for Hugh, Karen and Helen.

CHANGES OF ADDRESS

Miss Margaret M. E. Trevelyann, S.R.N., S.C.M., R.N., 269 Beacon Street 2, Boston, MA. 02116 U.S.A. Tel. 617–266–5952 (Work —Lahey Clinic, Boston).

Mr. D. J. Wandless, L.D.S., R.C.S.Eng., 9 Crawborough, Charlbury, Oxon. Tel. 331.

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Further details from: Dr. J. F. R. Adams, Weston House, 17 Pittville Lawn, Cheltenham, Glos. Telephone: Cheltenham 21582.

GUY'S HOSPITAL GAZETTE

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MONTHLY 26 MARCH 1977 VOLUME 91 NUMBER 2268

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

THE PAVITT REPORT

With its thirst for sensationalism the Press lost no time this month in passing judgement upon the dental profession. In its editorial the *Evening News* referred to dentistry as a "trade" which was in need of a "painful re-assessment". The *Guardian* confidently announced that women in this country have fewer teeth than men because they visit the dentist more regularly, while there was hardly a report which did not carry the phrase "bashing the Nash". Mr. Arthur Scargill who had been invited by the 3,000 strong General Dental Practioners Association to advise them on pay and bargaining called Britain's dentists a "bunch of small shopkeepers".

The Press interest of course centred upon the Pavitt Report which has been submitted to the Royal Commission on the National Health Service. Although the British Dental Association is in possession of the report it is not generally available to members of the profession. This state of affairs seems rather puzzling and has no doubt created some annoyance. The report is clearly a piece of epidemiological research but it is widely accepted that the best research is produced by members of an open society because they engage in discussion and *publish* their views. Why then should circulation of this report by eight dental health workers and five M.P.s be so curtailed as effectively to deny the profession the right to debate? The authors should explain why their report has not been published and if it turns out to be due to financial constraint then the profession would be prudent to help in meeting the burden. The report contains a comprehensive list of published references and it would be rational to examine these and consider them in the light of the report's conclusions.

There can be little doubt that the changes sought by the report's protagonists are so fundamental that they would require the full force of government to implement them. Is the report to be seen as the unhappy product of the government's reaction to health care provided by the dental

profession or as an introspective move on the part of the profession itself? There seems to have been a reluctance on the part of the profession as a whole for such far-reaching proposals; if this is not the case one wonders why they have not urged similar changes themselves already. Is it to be assumed that the profession is content with the existing situation?

Lord George-Brown in his talk on the advantages of being unqualified argued that professions operated closed shops through entrance requirements. The view, whether justified or not, seems to engender much public suspicion, something that dental public relations can well do without especially in view of the "money-grabbing" tag which the Press has tried to attach recently. Health care issues should not be regarded as battles fought by professions to protect their freedom from being eroded by government, rather the professions must take a lead and make clear to the public and to governments how best they can serve their patients. This means tackling the cases for preventive measures like fluoridation with much more vigour than in the past, but to do this requires commitment in public by those at the very top. Lord George-Brown also stressed that too often university training did nothing to develop the qualities of leadership and clarity of expression; the dental profession seems to be in considerable danger of falling to this charge.

Whether we like it or not we live in what is coming to be called the corporate state and the profession must adapt appropriately and quickly, for a weak profession can do little to serve its patients. Who would have dreamed just a few years ago that ancillary staff would prevent a consultant from taking his rounds through industrial action?

It has been said that the greatness of a man can be measured in terms of the number of years after his death that his ideas hold up progress; perhaps the greatness of a leader can be measured by the number of years before his death for which he upholds progress.

NEWS IN BRIEF

Professor Watson

We offer congratulations to Professor J. P. Watson who has recently been awarded the Fellowship of the Royal College of Psychiatry.

Mr. L. A. Emanuel

Congratulations to Mr. L. A. Emanuel, now practising in Nigeria, on his recent election to the Fellowship of the Royal College of Obstetricians and Gynaecologists. Mr. Emanuel was a Guy's student and will be attending the admission ceremony for new Fellows in June.

Music Club Concert

Guy's Hospital Music Club are planning an orchestral concert for 11th May, 1976. The programme includes Beethoven's Fourth Symphony, Rossini's overture, "The Thieving Magpie", Mendelssohn's Violin Concerto and Elgar's String Serenade. New players will be welcomed to rehearsals in the Music Room on Thursdays at 5.30 p.m. or should contact the Music Club Secretary. The concert itself will be held in the Greenwood Theatre.

Wills Library Computer

The Wills Library now has a computer terminal by which it has access to the MEDLARS data from which *Index Medicus* is compiled, TOXLINE —the drug toxicity data base—and CANCERLINE. This is used to provide monthly "update searches" in particular fields of interest.

The staff are willing to demonstrate this new facility and those interested should contact Vicky Spires on extension 3374.

New Library

The municipal library in the Borough High Street (with 15,000 books) has now opened. Guy's students may use the library, but if not resident in the Borough proof of studentship will be required.

The hours of opening are 9.30 a.m.—8.00 p.m. on Mondays, Tuesdays, Thursdays and Fridays; from 9.30 a.m.—5 p.m. on Wednesdays; and from 9.30 a.m.—1.00 p.m. on Saturdays.

Lord George-Brown

The Quodlibet Society was addressed by former cabinet minister Lord George-Brown about "The Advantage of Being Unqualified" in the Tower Lecture Theatre on Tuesday, 15th March. This interesting title was used by George Bernard Shaw some years ago, and the large audience much appreciated Lord George-Brown's views on the subject.

A report of the meeting will appear next month.

Prize Winners, 1977.

Gowland-Hopkins Prize in Biochemistry: Miss J. C. Foster.
Wooldridge Memorial Prize: R. Sutton.
Charles Forster Prize in Cardiology: Miss A. Nixon, M. Moss.

Certificate: J. Efthimiou.

Congratulations to all!

CLUBS' UNION NEWS

I can only think of one major set-back that the Clubs' Union has suffered since the new set of officers took up their positions, it just so happens that this set back is the temporary loss of our President.

I am sure all Guy's students will join me in wishing Francis Hughes a rapid recovery from his recent illness.

Things have been running relatively smoothly with the Clubs' Union affairs.

The Union office has been open each Tuesday, Wednesday and Thursday at 1 p.m. for the past few weeks. I hope all the people who have visited us in this period have found out whatever they had wanted to know. The office will continue to be open at these times.

The new Social Secretary, Dave Denning, has been the key man in proposing the shift around of the snooker room and the table tennis room. We are arranging a few informal meetings for next term, in which general discussion about this proposal will be encouraged.

In the meantime anyone who would like to find out about the proposal or who would like to "air" their views, please come down to the clubs' office and have a talk about these things. We need to know how all the students at Guy's feel about these proposed changes so please do inform us. Also please let us know if you have an alternative idea to allow the bar to be enlarged and provide more dancing room.

There will be regular checks of students in the East Wing bar, please could all students carry their Guy's Hospital Clubs' Union card. This is to limit the use of the bar to those entitled.

Unfortunately it has been necessary to cancel the National Medics' sports day, which was to be held in May of this year at Honor Oak Park. The main reason for this was the lack of response from other medical schools.

I know that I have missed the annual walk in April/May for the last two years which was once arranged by Guinness and Co., I am now glad to say that the news of its return is good.

I cannot think of a better way to end this brief report!

Matt Kiln, Vice-President.

Forthcoming Events

Blackpool N.U.S. Conference, 27th March–31st March.

Medical Students Conference, Sheffield, 1st April–3rd April.

Sherlock's Last Case, 23rd March–26th March, Guy's Theatre Club.

NOTICE

PHYSIOTHERAPY AND RADIOGRAPHY PARTY AND PRIZES

The Guy's Hospital Physiotherapy and Radiography Association are holding a sherry party and prizegiving on Wednesday, 4th May, in Shepherd's House at 6 p.m. Tickets for members are available from Miss Jones, Physiotherapy Dept., Guy's Hospital, London, SE1 9RT.

OBITUARIES

RONALD LESLIE HARWARD
M.B.B.S., M.R.C.S., L.R.C.P.

Ronald Leslie Harward died on 18th February, 1977. He was born on 8th January, 1906, the son of an Anglican clergyman, and was educated at Haileybury. He came to Guy's as a medical student in 1922 and qualified M.R.C.S., L.R.C.P. in 1928 and M.B., B.S. in 1929. On qualification he was a house surgeon to Mr. T. B. Layton and also to Mr. O. Gayer Morgan and after a short time in a fever hospital he went (in 1930) into General Practice in Odiham where he worked—except for his service in the R.A.M.C. (1939–1944)—until he retired in 1970.

I was contemporary with Ron as a medical student and we did appointments such as "take in" and "extern" together. We also climbed mountains together and had several enjoyable seasons in the Alps, one of the best being in 1927 in the Dauphiné, when, with three weeks of fine weather, we climbed the Meije, Les Ecrins and a number of lesser peaks.

He was a good companion in the mountains—alert in route finding, observant of weather changes, even-tempered and unperturbed when conditions were adverse.

His great love of the mountains was no doubt aroused by school holidays with his family in Switzerland since his father was for sixteen years Chaplain in Boulogne.

He was a good doctor and was much loved by his patients in Odiham and the surrounding villages for whom he cared over a period of 41 years.

Following the death of his first wife, Margaret, in 1949, he married Marguerite with whom he retired to Malta where among other activities he was able to give more time to his hobby of philately. They enjoyed several years there before they had to return in 1976 on account of Ron's serious illness.

In hospital he was cheerful and uncomplaining, and joking with the nurses although fully aware of the nature of his condition. During the last year he bore his illness with great fortitude and remained cheerful and interested in others in spite of increasing disability. In this he was greatly helped by the love and devotion of his wife Marguerite who looked after him in their own home which was his wish.

We extend our sympathy to Marguerite, to his daughter Hazel, to his sons Richard and Robert, to his seven grandchildren and four step-grandchildren, to all of whom he was devoted.

W. E. Herbert.

JAMES WILSON ROBB
M.R.C.S., L.R.C.P. (1918—1976)

James Wilson Robb who died recently in Guildford, was born in Kilmarnock on 13th January, 1918, the son of Professor R. L. Robb. He entered Guy's Hospital Medical School as a student in October 1936 and obtained the conjoint qualification in 1943, having been a senior surgical dresser to Mr. Nils Eckhoff. He was appointed House Surgeon at Queen Mary's Hospital, Sidcup when this Hospital was part of the evacuated Guy's Hospital and subsequently joined the R.A.M.C. and was sent to West Africa as Major and Commanding Officer of the 27th West African Casualty

Clearing Station. Subsequent postings were to India and Burma. On his demobilisation he spent two years at the Addington Hospital, Durban, rotating through medical, surgical, casualty and gynaecological house jobs. From 1950 to 1962 he was Medical Officer at the King George Hospital for Diseases of the Chest in Durban and subsequently became the Government Medical Officer at Mahalapye Hospital, Bechuanaland, until 1964. As one of the two Medical Officers at that Hospital, his experience included a great deal of tuberculosis but also "a little bit of everything" as the nearest other Government Hospital was very considerably distant.

He returned to the United Kingdom in 1965 and joined the staff of the King George V Hospital, Godalming, where he remained until the Hospital was closed. He transferred as Medical Assistant to the Hydestile Geriatric Unit when it was opened and remained there until his untimely death.

He was much loved by his patients to whom he was devoted and by his colleagues who have lost a very dear friend. To his wife, Alvis, whom he married in 1970 his loss, after six short happy years, is irretrievable—we extend our very deepest sympathy.

F. A. W. Schweitzer.

Report

SOUTH WALES AND MONMOUTHSHIRE GUY'S HOSPITAL SOCIETY

Annual Dinner—5th March 1977

The connections between Wales and Guy's go back into the misty past. Every generation of Guy's men has contained its quota of students from Wales who added their special hwyl to the Guy's character.

Every year since 1953, on the evening of a rugby international at Cardiff, the South Wales and Monmouthshire Guy's Hospital Society hold a dinner attended by Guy's men and women from all over South Wales and by a delegation invited from Guy's. This year promised to be a special occasion as England were visiting Cardiff Arms Park and for the first time for years were considered to have a chance of winning.

We were not disappointed, a fine game of rugby was followed by an even finer dinner presided over by Leonard Emery. John Trounce replied to the toast "Guy's Hospital" and Donald Bompas gave some interesting facts about Guy's and Wales in proposing the toast of the Society. Harry Freeman gave us his reflection on bureaucracy in his own inimitable style and George Scott managed to sell a few copies of the special edition of the *Gazette*. Everybody was pleased to see Jimmy Goodliffe, an ever popular character with Guy's men. After that the evening drifted into that state of euphoria and nostalgia which marks the end of all good dinners.

The South Wales and Monmouthshire Society dinners have now become an institution and enable members of the Guy's community in Wales to meet and to renew old friendships. It should also be remembered that the Society have played an important part in life at Guy's and have instituted the T. J. Evans Prize in Biology in memory of that much loved figure. Societies such as this play a valuable part in the wider life of a great teaching hospital and there is no doubt that in South Wales there is an active and flourishing branch of Guy's which owes a great deal to the dedication, energy and enthusiasm of old Guy's men. Long may it continue.

A CHALLENGE FOR CHANGE IN DENTAL HEALTH

DR. AUBREY SHEIHAM

A summary of a Report presented to The Royal Commission on the National Health Service by a Working Party under the Chairmanship of Mr. Laurie Pavitt, M.P.

In 1956, Lord McNair stated that the real justification for dentistry is in its direct service to health and efficiency of the community. He saw four important ways in which this service is rendered the most important one being the prevention and relief of pain. He said that "it is in the prevention of this pain and the distress it causes that the justification of dentistry in this country is to be found. On this ground alone, therefore, dentistry stands out as removing one of the commonest occasions of misery and distress".

If this *raison d' etre,* the minimising of avoidable suffering for all, is used as the touchstone for evaluating the achievements of the dental service, it is obvious that there is an urgent need for change. It fell to a Member of Parliament, Mr. Laurie Pavitt, to recognise this and take up the task of formulating a plan for changing the dental services in the next twenty years. He formed a Working Party consisting of five Members of Parliament and eight dental health workers. The dental workers included a professor of conservative dentistry, an industrial dentist with wide experience in teaching and research, two general dental practitioners, a senior lecturer in community dental health, a senior dental research worker; a community dentist and a dental technician. The Working Party produced a consultative document "A Challenge for Change in the Dental Services" which was sent to all groups, professional and lay, who are involved with dental health. The submissions from these groups plus the additional information gathered by the Working Party were analysed and form the basis for the final report which will be summarised here.

The Report is in two parts. The first deals with the shortcomings of the present dental service whilst the second part outlines some of the plans for the future of the National Health Service.

In assessing the shortcomings the report reviews the data on the prevalence and severity of oral and dental diseases and the prevalence of dental pain. Even after twenty-eight years of a National Health Service, dental problems are widespread and half the children aged between eight and fourteen years suffer toothache. Many groups, particularly the handicapped, the long-stay inpatients and the elderly suffer severe dental neglect and even those people who attend dentists regularly for check-ups have undiagnosed and untreated dental diseases. It is obvious that we are not managing to prevent dental diseases from occurring to any significant degree nor are we effectively treating disease when it does occur. And from the available evidence it is clear that providing more of the same kind of dental treatment and services will not markedly reduce avoidable suffering. On the contrary, the evidence indicates that there is not a proportionate improvement in "dental health" with increasing numbers of dentists per 1,000 population. For example, the Midlands with a dentist:population ratio of 1:4,840 had a higher prevalence of children with decay than Wales which had a dentist:population ratio of 1:6,070. Among adults, Wales had less than half the percentage of 25–34 year olds edentulous than the North where there was a more favourable dentist:population ratio.

The report also questions the tacit assumption that unless dental treatment is done, the outcome will be much worse. Although the assumption has not been properly tested, the evidence from the national surveys demonstrates the dubiety of that assumption. People who went regularly for dental treatment were not much better off dentally than those who went irregularly. In fact if one uses the number of sound untreated teeth as a measure of well-being the irregular attenders were better off. This was most marked in areas with a high number of dentists. The disappointment at finding that regular dental treatment did not ensure dental well-being can be judged from the tone of the conclusions of the national Children's Dental Health survey. Todd, when referring to gum disease concluded that "it would therefore appear that dental attendance under the present system of dental service is not a good indicator of the likelihood of gum trouble. . . ." Commenting on dental decay she concluded, ". . . for the dental need arising from decay alone there is not as much association with dental attendance (and treatment) as one would have liked to see". In the Scottish Adult Dental Health Survey the high percentages of regular attenders who had 18 or more missing teeth led to the following conclusion: ". . . it would appear that for these people (16% of regular attenders aged 35–54 years and 24% of those aged 55 and over) regular attendance at the dentist had not been altogether successful in saving their natural teeth". The data suggest that dental treatment does not markedly alter the life history of the natural dentitions for the better and that at best it may delay tooth loss by a few years.

Compared to the disappointing results of dental treatment, prevention has been generally shown to be effective. There is abundant evidence that dental caries and gingivitis can be prevented and the progression of periodontal disease controlled. Nevertheless in Great Britain we have the anomalous situation where preventive measures such as fluoride tablets and fluoride rinsing is discouraged because it is claimed that the value has not been scientifically proven although it has been, whilst on the other hand, operative dentistry has never been properly evaluated and is nevertheless encouraged.

In addition to questioning the high priority given to treatment compared to prevention the report investigates the mystification of dental health by the profession, the methods of assessment of dental needs—here a general discussion of the broader concept of dental need is called for. We highlight the inequalities which exist between prevention and so-called cure; the emphasis on caries and the neglect of periodontal disease; the inequalities in dental provision between Regions; between services for different social classes and the inequalities in the provision for the salaried non-hospital service compared to the general dental service.

The report shows how the elderly, the handicapped and the long-stay inpatients have been virtually ignored by the dental profession whilst considerable wastage of resources is occurring because practices of questionable value such as regular six-monthly recalls for adults, radiographs taken at intervals of less than six months to detect decay, six monthly scaling, are uncritically continued.

Planning for the future manpower needs is an important undertaking. Yet very little rigorous attention is given to planning. Instead there is a haphazard approach based more on rule of thumb and personal influence than on rational principles. This approach is prevalent in planning dental education and the working party calls for a major reorganisation of dental

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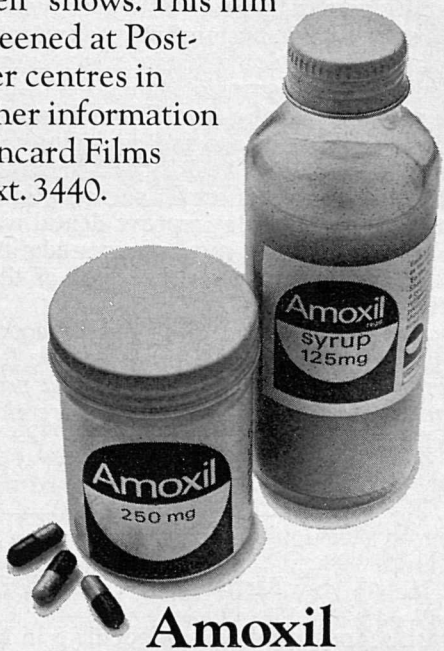

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education and questions the role of the Royal Colleges in dictating what post-graduate education is required. Furthermore, we suggest that when planning dental services the career opportunities for women must be considered.

The Working Party maintains that the reorganisation of the N.H.S. has done little to improve the provision of dental services because very little integration of the dental services has occurred.

The second part of the report consists of plans for change and the specific recommendations. The thirty-seven recommendations include changes in food policy to reduce refined sugars in the diet, increasing the availability of fluoride by water fluoridation, fluoride tablets and topical rinses; a stronger emphasis on education for health; the establishment of Area Preventive Dentistry Committees; a greater participation by all members of the dental health service and the community in the organisation and running of dental services; a strengthening of the Community Dental Service; alternative salaried careers in six specialities; a greater integration of the hospital based dental service with the dental service; an increase in the numbers and types of dental ancillaries—the highest priority is for preventive dental ancillaries who can be trained in three months; no increases in the numbers of dental undergraduates; the establishment of dental centres; in addition to the present fee-per-item method of remunerating general dental practitioners, a number of alternative systems of payment such as capitation, salary plus responsibility allowance or fully salaried dentists should be introduced; dental undergraduate education should be changed. The curricula are inappropriate and the training is hospital based. Lastly the report recommends the establishment of a Division of Applied Clinical Dental Research to carry out and co-ordinate clinical dental research.

Discussions on dental health policy need to shift from questions about the level and distribution of services to questions of public information about actions that can be taken to improve dental well-being. Then more rational goals can be pursued. The suggestions made in the report attempt to facilitate such a shift. It emphasises the value of the ingredients rather than the shares of the cake.

We are most grateful to Dr. Sheiham for accepting our invitation, at short notice, to publish this official summary of the Report submitted to The Royal Commission on the N.H.S. The Report will probably not be published while the Working Party is in session, therefore this summary is a particularly valuable reference.

Mrs. HELEN MATTHEWS

It is with sadness that we say goodbye to Mrs. Helen Matthews, a great friend of the *Gazette* staff, who has been our Radiography correspondent since August 1975. She retired from the post because she was expecting an addition to her family and we are very sorry to lose her. We are, however, delighted to be able to announce the birth of the said addition—Master Alasdair David Matthews was born to Helen and Michael on 12th March this year. Our warmest congratulations to the Matthews family—and our special thanks to Helen for the support and services she has given to the *Gazette* during the past months.

THE THWARTING OF BARON BOLLIGREW

—Photo supplied by Jeremy Williams.

For four days this term, a production of Robert Bolt's play, *The Thwarting of Baron Bolligrew*, was performed in the Greenwood Theatre. Despite a large amount of prior publicity, audiences could best be described as small, but at all times pleasantly appreciative.

The play was, superficially (although more searching interpretations were possibly applicable), a lighthearted comedy set in the days of yore, when treacherous barons ruled with an iron fist in the desolate north, and awesome dragons ravaged the frightened peasant population. The hero of the hour was Oblong Fitz Oblong (performed by Andrew Chathers) who spent most of his time, whilst not under the evil influence of the sorcerer Moloch (Steve Haggan), trying to remedy the evil doings of Baron Bolligrew (Andrew Chathers) and his side-kick, Squire Blackheart (Alan Black).

However, as in all true stories, good finally triumphed over evil. The dragon was slain, and the Baron received his just deserts, banished for good to a far away place. Some notable performances were given by the aforementioned actors, but this should not detract from the overall high standards of the rest of the cast. On the final night, the house was packed with 200 children from Charterhouse Ark. Needless to say a riotous time was had by all concerned.

Our thanks and appreciation extend not only to the director, Rachel Sawood, and cast, but also to the many backstage production staff, without whom the performances would not have been possible.

ISSUES IN HEALTH CARE

by Gene Feder

The primary aim of the newly-formed Issues in Health Care Group is to stimulate thought and discussion on aspects of health care that are often not considered by students (nor faculty, for that matter). Our education as health care professionals and our future work is based on assumptions about illness and health and what constitutes good health care. We think that these assumptions should be clarified, with an attempt to understand their social implications and relation to human values. Our society faces deep problems —health care will inevitably both reflect these and have to cope with their consequences in the sphere of illness. We believe that questioning the nature and organisation of health care can be a valuable complement to the education we are receiving at Guy's.

One form for this questioning is the speaker meeting, where ideas can be presented in a coherent form and then discussed by the audience. We have held two this term: with Dr. Julian Tudor Hart on a "New Kind of Doctor" and with Dr. Jeremy Swayne on an "Uncertain Healing: Limits to Modern Medicine". Both men are general practitioners with strong views about health care and medical education. Their ideas differ markedly in emphasis, but are not necessarily incompatible. I shall summarise these views, along with issues that arose in the discussions after the talks.

Tudor Hart's main thesis was that present-day medical science and the social organisation of health care are mis-matched, the former having evolved greatly since the 19th century, the latter lagging behind. He believes that the true value of scientific medicine will only become apparent when doctors—particularly G.P.'s—redefine their roles; until they do so, they will not be able to act "scientifically". Tudor Hart has a well-articulated conception of scientificity. The essence of science for him is the testing of hypotheses: "pushing the world and measuring the effect", as he put it. Therefore, any medical procedure which is "proven" to be effective—he was vague about *criteria* for efficacy—is scientific. A corollory of this view is that many medical procedures are unscientific, a situation that can be remedied, Tudor Hart believes, by submitting all therapies to strictly controlled tests. He stressed that medical students should be encouraged to criticise and question current ideas and techniques. The importance of science to medicine, for Tudor Hart, does not lie primarily in the use of biochemical or physiological models, but in the constant testing of ideas and methods. One might question whether most of the B.M.S. course, which is committed to giving students a scientific foundation, sufficiently emphasises this aspect of science.

Tudor Hart's idea of science is distinctly hybrid: in addition to Popperian testing and falsifying, he believes that ultimately science produces correct social values and that any procedure that is scientific is essentially good. This put him in the position of denying the scientificity of gas chambers and atom bombs. But aside from this tautology of the scientific and the "good" (What is good is scientific and vice versa . . .), there were other surprising and, for us, more acceptable implications of Tudor Hart's "science".

For instance, truly scientific medicine considers in detail the social and occupational character of the community for possible sources of ill-health. It recognises that disease arises in a social context and that medical problems cannot be separated from social problems. A view of aetiology that is restricted to biological or physical events, is unscientific, according to Tudor Hart, since it ignores real phenomena (e.g. poor housing, occupational hazards, stress etc.) that affect health. Of course, this gives the doctor the responsibility of becoming socially and politically aware. Tudor Hart's scientific doctor is committed to preventive medicine ("anticipatory care") and to discovering the precursors of major diseases. In this process, he relies on patient-cooperation and understanding, as well as close connections with community life. On the whole we agreed with Tudor Hart's general approach, but were critical of his emphasis on mass screening as this has not proved valuable in the majority of studies undertaken. Many of us felt that more emphasis should be put on the identification of aetiological factors.

So what is preventing doctors from acting scientifically? A major problem is the narrow social background that doctors have (less than 5% of medical students nationally come from social classes IV or V) and their lack of "worldly" experience before starting their medical training. Tudor Hart would encourage the recruitment of medical students with a wider range of backgrounds and more mature students. Another, perhaps less tractable, barrier is the image of the doctor as a priest or as a technician, not as an active scientist who attempts to uncover the sources of disease, as well as to provide treatment. Tudor Hart believes that the G.P. is capable of doing scientific research (particularly but not solely of an epidemiological and social nature) as the clinician, but that his present role and the expectations that come with it make this difficult. Tudor Hart's own research into hypertension is a good example of the potential in this area.

Whereas Tudor Hart is concerned with the social and scientific dimensions of primary care, Jeremy Swayne's emphasis is more individual and, ultimately, spiritual. Individual in two senses: firstly, he presented his ideas about medicine as a personal view, not assuming their correctness nor their relevance to us; secondly, he stressed the uniqueness of the individual patient and the encounter between doctor and patient.

Unlike Tudor Hart, Swayne does not believe that the problem with medicine is that it is not scientific enough. In fact, he maintains that scientific discourse and clinical objectivity, although important for doctors, are limited in their application to the individual patient. He only developed this view once he began practising. He found that the repertoire of skills he could offer patients was like a "bridge over the troubled waters of illness which became a tight-rope". His drugs, techniques and psychological insights were often not appropriate. Eventually he traced this problem to the narrowness of his conception of disease, which he began to see as part of the "language of a person's life", an indication of something deeper going on within the person. Not just within his or her body or even psychological framework. Swayne illustrated this conception with two case histories of recent patients.

He makes a distinction between curing and healing which is central to his argument. Whereas the former can be applied to an organ system or a set of symptoms, the latter pertains to change in the whole person. Moreover, a change which demands some understanding on the patient's part and a willingness to change, not just a passive acceptance of treatment. Swayne's idea of healing does not exclude physical or mental discomfort as *part* of

the process and entails the achievement of new strength after the illness, a *development* in the person's life. He believes that healing is a natural process which the doctor can promote through specific treatment (and also through less manipulative channels) but cannot impose on the patient.

Unforunately, this idea of healing remained rather vague, partly, as Swayne said, because it transcends every-day, as well as scientific, concepts, needing a different kind of language to describe it. Nevertheless, Swayne linked it to other fascinating, though controversial ideas. He believes that most people who become doctors are unconsciously motivated towards medicine by a healing "instinct" or sense of "vocation", which may only become conscious—if at all—later in their lives. This sense carries with it an intuitive potential, which—if developed—gives the doctor more subtle insights into the nature of a person's illness, in addition to the diagnostic competence he or she acquires through medical school tuition. But this potential needs nourishment and, according to Swayne, is easily undermined by a training that demands *constant* clinical detachment during encounters with patients.

In discussion, Swayne's approach was labelled as "mystical", but one could argue that this "healing potential" is an extension of ordinary human sensitivity. Unfortunately, this quality is not particularly valued in a medical school. Swayne maintained that a development of this sensitivity is essential for people involved in healing—not just doctors—and is not just a pleasant adjunct (in putting the patient "at ease" etc.) to provide treatment. He was not sure how one develops this potential; after all, one cannot have courses (and exams . . .?) in human sensitivity. Swayne stressed that this developed sensitivity is not equivalent to psychological insight. It has nothing to do with the application of theories. Like healing itself, it can only be encouraged not taught or imposed. It requires inner development. Throughout the talk Swayne repeated that he had great respect for clinical medicine, saying at one point that "all the healing instinct in the world will not make a doctor out of a clinical idiot. . . ."

Although Swayne agreed that a wider range of people should be accepted into medical school and that medical students should be encouraged to question procedures, we did not come away with specific suggestions about health care or health education. Instead, some of us were moved by what he said although others found his spiritual emphasis unpalatable. He gave us something much less tangible than interesting proposals, but perhaps more profound as well: an indication of the richness of human potential and the deep possibilities inherent in the contact between doctor and patient. He also made us aware of the struggle needed to realise these possibilities.

Next term we will have meetings on Occupational health hazards, on women in drug advertising and, possibly, on medical school admissions policy. A group of us (an *ad hoc* committee) meets every Tuesday in Seminar Room 7, on the top floor of Mollison House, at 1.00, to discuss future meetings and seminars and also to discuss current issues. Although we hope to be a broad-based society, containing people from all the student groups at Guy's, at the moment only medics seem to have shown an interest. So if you think (as we do) that health care issues should be considered by nurses, physiotherapists, dentists and radiographers, as well as doctors, please contact us via our pigeon hole in the East Wing or just come along to one of our meetings.

AN IMPRESSION OF SAUDI ARABIA

by Dr. Geoffrey C. Martin

I was transported from England with its frost and wintry skies to the warmth of the Arabian Gulf, almost in a moment. Damman, the Eastern port of Saudi Arabia gave me a synoptic view of the Middle East. Camels and desert—but what a surprise!

Saudi Arabia—and in differing ways all the Kingdoms of the Middle East—offers a unique challenge to those young in years; to those older in years it offers a climate and a way of life now lost in the United Kingdom. The chances are not chances, but certainties for those not yet cast in an inflexible mould.

Arab seamen we meet in any major seaport are but a dim shadow of the Arabs you see and meet in their own setting and in their own country. They become a charming civilised race whose history and tradition go back to the commencement of civilised man. They are often said to be simple. This is not so; rather they are a relaxed and happy people who value most highly those qualities of life which if not yet quite gone are fast disappearing from the Western world. Even in urbanisation they retain a desire for the personal contact which on developing acquaintanceship goes beyond the handclasp to a whole shoulder or to a cheek to cheek embrace. Perhaps these qualities are best seen in the Saudi, a smiling yet proud race whom oil has brought amongst the super-rich. Unlike the West, where belief has become a rather superfluous image of the past, they have a deep and abiding faith. It is as firmly held as in Catholicism but without curial Vatican central control. The Saudis are proud and jealous defenders of Medina and Mecca where Mohammed the Prophet revealed the truth of the Muslim faith.

The camel and the desert may be of the past; but the visitor is still an honoured guest who takes precedence and for whom no trouble is too much. This may be a private car in a city stopping to give you a lift wherever you wish to go, or enduring a six hour wait at an airport for a late arrival. Accommodation of the best is offered to the stranger for as long as the guest wishes. Where else could a medical man call by chance on the Ministry of Communications and be received personally by the Deputy Minister as an equal? Not in Whitehall, the White House or the Kremlin. The Rolls or Mercedes may be at the door, but the heart takes precedence.

Fifteen years ago Damman was a sleepy fishing village with no port on the map: today it is a burgeoning city full of life and expanding so fast that great changes can be seen week by week. It is the Eastern port of entry from the Arabian Gulf to Saudi Arabia, as Jeddah is from the Red Sea. All the land bordering the five-mile drive to the port causeway is filled with lorries, excavators and merchandise of every sort. The Causeway is a mere man-made seven miles of sand out into the Gulf. It now carries a three lane double carriageway permanently occupied by heavy continental trucks. It is constantly being added to by the simplest of means. Sand is sucked away by dredger through a 24in. pipe to wherever new land is wanted, even two miles away. The water drains and in 24 hours a new island has appeared. In a year Damman will have 56 berths for ocean going vessels fully equipped with every modern facility. Already through the enterprise of a joint

Liverpool-London consortium the waiting time outside the port for unloading has been cut from 100 days to a week. The Saudis pay well to learn fast.

As in our own Industrial Revolution there is an underprivileged class. Egyptians, Pakistanis and Yemeni are recruited by foreign agent slave-masters; they are flown into Dharhan Airport by jumbo jet and put into encampments of tent, caravan and the like. Nevertheless they receive a living wage and have a better standard of living than at home. Their families are paid in their own countries. And they do work!

The uneducated Saudi Bedouin from the desert nevertheless is a privileged person. He does not labour neither does he toil. He learns only to drive a huge truck or a mobile crane and foreigners punish him at their peril.

Work over, I hung up my half hunter and went to Riyadh. My flight was delayed so I stayed overnight. The hustle and bustle and hooting of an Arabic capital came in with a jerk. I was hard put to find 345 riyals for a 3 star hotel bed (£60 sterling without breakfast). Riyadh Airport is as square and functional as Dhahran is graceful and Arabic. It is not a beautiful city. When my time came I was glad to return to Damman.

Before doing so however, I visited the King Faisal Specialist Teaching and Research Hospital. Built for £225 million on the personal order of the late King, it opened one and a half years ago and is now finishing its teething problems. The hospital and staff quarters are self-contained in its own grounds about three miles out of the City. It is quite the last word in English and American medical Technology.

In the centre lies the reception and waiting areas, lavishly appointed. From here radiate the diagnostic rooms full of the latest gadgetry and beyond these are the wards. Upstairs is the administration and records; the latter is fully computerised by an English company. As if by conveyor, the patient is processed by highly expert medical technocrats to a material answer to his problems; I saw a lot of the science of medicine; I can only hope that the Art has not been forgotten on the way. The hospital is the supreme diagnostic unit; continuing care is not its concern.

After King Faisal died a very loose link has been developed with the Ministry of Health, and a representative of the Ministry sits with the Board in the Royal Cabinet office, which is the nerve centre and financial provider, and the link with the crown. My impression was of a most welcome and necessary but totally foreign appendage to the country. When King Faisal University is completed, the hospital will become responsible for the clinical training of Saudi medical personnel. Perhaps then it will develop roots and become indigenous.

In the Provinces the hospitals are, as yet, a different story; so are the family doctors. They seem to be mostly Egyptian. A rural society cannot burst into the twentieth century in a few years without some inequalities. In a short time a great deal has been done.

Instead of aiming at America or the Continent, young man—go B.A. to the East: see a sane and happy way of life; savour the satisfaction of a life without needless bureaucracy. No hooch perhaps; but a nice climate for most of the year and no women to hold you back. Go East young man, your fortune awaits you.

THOMAS SYDENHAM—THE ENGLISH HIPPOCRATES 1624—1689

by Rodger G. C. Martin

The great doctors of the seventeenth century were distinguished investigators and profound thinkers. At the same time they were practitioners, more or less successful—pure theoreticians did not then exist. But what were the ordinary practitioners like? In many respects, the satires of Molière are not exaggerated in portraying the doctor as a poor creature torn between the numerous doctrines abounding at the time. Who was the practitioner to follow—Paracelsus van Helmont, the iatrochemists, or the iatrophysicists? They had no common ground and recent advances in anatomy and physiology—though they had made contributions to medical knowledge—could not provide a new healing art.

Thus there existed an unhappy cleavage in medicine throughout the seventeenth century. Most of the universities were conservative and teaching remained true to tradition and purely theoretical. The physicians graduating from these schools were learned enough but they were fossils from a remote past. The epoch in which they lived had adopted a new scientific ideal which was alien to most medical practitioners of the time. However in every age there must be some good physicians who further the progress of the healing art and in the field of practical medicine in the seventeenth century one name stands apart from all the others. That name is Thomas Sydenham.

He was born in Dorset in 1624, the son of a Puritan landowner. In 1642, he was sent to Oxford. When the Civil War broke out Sydenham immediately joined the Parliamentarians, but in 1646 he was back at Oxford studying medicine. He did not have much time for anatomy and physiology and in later life, when the young Sir Hans Sloane came to him with a letter of introduction which described the bearer as "a ripe scholar, a good botanist, a skilful anatomist", Sydenham brushed all this aside and is supposed to have said "This is all very fine, but it won't do—Anatomy, Botany. Nonsense! Sir, I know an old woman in Covent Garden who understands botany better, and as for anatomy, my butcher could dissect a joint full as well; no, young man, all this is stuff: you must go to the bedside; it is there alone you can learn disease."

In 1648 he was created Bachelor of Medicine by the Chancellor of Oxford University and he stayed on there for a further three years amongst men like Christopher Wren and Robert Boyle. The latter was to become his great friend. Then war broke out again. A militia was established and Sydenham was enrolled in this, not as a Surgeon, but as a captain of horse. After the Royalist defeat at Worcester and the King's escape to France, in 1653, Sydenham went back to London and tried to stand for Parliament. Unsuccessful, however, he was made Comptroller of the Pipe but was forced to resign in 1659 when the Restoration occurred. In that year he went to Montpellier to further his medical studies and, at the age of 37, returned to England to receive the Licentiate of the Royal College of Physicians. By 1667, he was living in Pall Mall, where he died in 1689.

So much for his life history. Why was this man called the English Hippocrates and considered to have revived clinical medicine from the doldrums into which it had drifted? Sydenham felt that doctors should come to know about diseases, should learn the conditions out of which they arise, should be aware of the means by which they can be cured. To us now this seems basic

to all medical practice but in the seventeenth century, it was a new departure. The recognition of symptom clusters being indicative of different clinical entities or diseases was totally new and was to change medicine and methods of treatment. Sydenham turned physicians' attention in a new direction, towards particular diseases and the appropriate treatment for that disease. Hippocrates recognised only disease, not diseases. He knew only that the patient and his illness were inseparably connected, whereas Sydenham saw in his patient a special pathology which he had observed in others before and expected to see in others again. Hippocrates wrote the histories of sick persons but Sydenham wrote the history of diseases.

Sydenham has left us classical descriptions of gout, smallpox, measles, dysentery, syphilis and chorea. In his work on fevers he says that the constitution of the individual is of little importance but that there is an "epidemic constitution" and someone who has this epidemic constitution falls sick in a specific way. There are also certain "telluric influences", working in accordance with fixed laws, and determining the appearance and the decline of epidemics. Sydenham showed that each illness had its appropriate treatment, but since no illness is ever a purely local process but a reaction of the whole organism, the doctor has to treat, not a single organ, but the sick man as a whole. Three hundred years later we are still repeating this phrase and often forgetting it again as quickly as did Sydenham's contemporaries.

Sydenham's own forms of treatment were simple compared with the complex lists of ingredients found in some prescriptions of the period. He was particularly fond of advising his patients to go out horse-riding every day! The new outlook on disease rapidly filtered down through medical practice and now when a doctor was called in to see a patient, his first task at the bedside was to make a diagnosis and his treatment would be governed by his diagnosis. Sydenham's successors brought his notion of disease into line with anatomical ideas, gave it an ideological foundation, and resumed the study of physics and chemistry. In this way, carefully feeling their way, they tackled the problems of pathogenesis, and so once more it was medical practice and contact with living people which prevented medicine from running off the rails and which reminded the doctor of his proper task. Even today, every one of us has been tempted to spend hours in the libraries studying books. If we remember Sydenham we will go back to the wards and observe patients as people with diseases—which are happening within them and not within the covers of some dusty tome.

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before the publication date. Publication dates for the next three months are: 30th April, 28th May and 25th June, 1977.

Copy may be sent to us at 16 St. Thomas Street, S.E.1.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (pre-paid, minimum £2.00).

Non-subscribers are charged £2.00 (pre-paid) for all notices other than Death.

NOTICES

SILVER JUBILEE FETE

This year "The Friends of Guy's Hospital" are planning to hold their Summer Fete in the Park at the Hospital from 11.00 a.m. on Wednesday, 25th May.

The proceeds will be devoted to the renewal of the "piped" bedside radio system in the older parts of the Hospital and the extension of Radio Guy's to Guy's Tower which was opened by Her Majesty the Queen in May 1976.

MAY WE HAVE YOUR HELP PLEASE?

We have come to rely in the past on the generous support of many well wishers who have helped to ensure success ahead of the day by responding to this appeal in cash or in goods for our many stalls at the Fete.

The attractions at the Fete will include a "Tombola", a Raffle in which the first prize will be a week's holiday for two in a Luxury Hotel in Sidmouth. The many Stalls will include Toys, a Kitchen Boutique, Jewellery and Beauty Box, Provisions, Books and Records, White Elephant, Flowers and Plants, Good as New Clothes, Hats and Scarves, Refreshments.

Do Help Us. All gifts—great or small—will be most welcome and should be sent to *Services Branch,* The Friends of Guy's Hospital.

EAST ANGLIAN SOCIETY

The Guy's Hospital East Anglian Society's Dinner for 1977 will be held on Friday, 29th April, at the Scole Inn, Scole, Nr. Norwich, at 7.30 for 8.00 p.m.

The President will be Dr. A. Batty-Shaw and the guest of honour will be Mr. R. J. Cann.

If any Guy's East Anglian has not received notice of this Dinner but would like to come, would he please write to : Dr. C. Bishop, Department of Anaesthetics, The Ipswich Hospital, Anglesea Road Wing, Ipswich, IP1 3PY.

MIKADO

Rehearsals are continuing for the Gilbert and Sullivan Society's production of the *Mikado.* This popular operetta will be performed in the Greenwood Theatre from 19th to 21st May.

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st DECEMBER, 1976

1975 £	EXPENDITURE	£	£	1975 £	INCOME	£	£
690	Editors' Honoraria	770.00		1,850	Advertising	2,122.89	
50	Librarian's Honorarium	50.00		7,026	Subscriptions	9,824.38	
1,905	Management and Staff Salaries ...	2,401.03		177	Interest on Deposit—Gross	114.22	
8,410	Printing, Distribution & Block Costs	9,634.30		713	Investment Income—Gross	935.00	
157	Printing of Indices	168.50					12,996.49
62	General and Water Rates	65.18			*Sales of :*		
128	Cleaning	106.66		84	Etchings	87.35	
299	Stationery, Postage & Miscellaneous Expenditure	285.17		135	Christmas Cards	68.12	
			13,480.84				155.47
—	Launching Costs of 250th Anniversary Issue	123.23		1,716	Excess Expenditure over Income for Year		509.40
—	Special Prints of 250th Anniversary Issue	57.29					
			180.52				
£11,701			£13,661.36	£11,701			£13,661.36

BALANCE SHEET AS AT 31st DECEMBER, 1976

1975 £		£	£	1975 £		£	£
	ACCUMULATED FUND :				INVESTMENT AT COST :		
10,404	Balance at 1st January, 1976 ...	10,403.53		8,917	N.V. £11,000 8½% Treasury Loan 1984/86 ... ... (Market Value 31.12.1976—£8,525))		8,917.37
	Less Excess expenditure over Income for the year	509.40					
			9,894.13	572	DEBTORS : Advertisements, etc. ...		650.43
932	CREDITORS		1,359.12		CASH BALANCES :		
				1,550	Deposit Account—Bank	1,550.00	
				270	Bank Current Account	111.54	
					In Hands of Officers :		
				19	Petty Cash ... £19.91		
				8	Postage Stamps ... 4.00		
						23.91	
							1,685.45
£11,336			£11,253.25	£11,336			£11,253.25

NURSING

THE FALLING STANDARDS OF NURSING CARE

A report has recently been published by the Royal College of Nursing, in which much attention is given to falling standards of nursing care throughout the country. Grave concern was expressed about this situation since it is felt that there is little likelihood of any improvement in the near future.

Falling standards are of course something which provide a continuous topic for conversation, and sometimes one is led to wonder just what the term really means. The young will always be criticised by their elders for allowing standards to decline, but this has happened since the days of the Greek philosophers and doubtless will persist. Furthermore, the Health Service has been subjected to such drastic changes during the last ten or fifteen years, that everyone is in a state of unrest as a result. With insecurity comes criticism and the need to discover a scapegoat.

The lowering of standards which is at present being discussed would appear to be in part due to lack of finance, and thus in the numbers of nurses available to staff the hospitals. It has always irked our governments that nurses require payment for their services. In fact they would really rather forget hospitals altogether, since when they themselves are unwell they elect to have private treatment. Nurses now cost a great deal, and one of the easiest ways to economise is to reduce their numbers. So effectively has this been done that there are now six thousand unemployed, and wards are closed throughout the country. In the meantime the waiting lists increase.

Surely then one reason for falling standards must be the extreme pressure being placed on those nurses who are still fortunate enough to be employed.

Another factor to which falling standards are frequently attributed is nurse training. This has also undergone great changes in recent years, and in many instances new curricula have been introduced before the previous ones have been fully evaluated. As a result neither students nor trained staff are certain of their aims, and insecurity has been fostered yet again.

In the midst of all this, there are still patients requiring treatment, and it is a salutary thought that everyone is potentially such.

It is surely time that instead of commissioning a plethora of irrelevant reports, the government should consider carefully how best the nation's health care can be planned in the long term, and having made a decision allow the strategy to be completed without being subjected to the whims of individual secretaries of state who seem determined to create chaos in their frantic efforts to win votes.

THELMA WATSON

We learned with regret of the death of Mrs. Thelma Watson, which occurred earlier this year on 15th January. She was buried in Muscat, Oman.

Mrs. Watson, née Jones, was a nursing sister at Guy's prior to her marriage. We extend our sympathy to her family and friends, especially to her husband, Bill.

PHYSIOTHERAPY

CONSTRUCTIVE CRITICISM

At some time later this year, the School will be visited by a team representing the Physiotherapists Board of the Council for Professions Supplementary to Medicine and the Chartered Society of Physiotherapy. The Board's concern is to ensure that the training offered is adequate to prepare students for practice and the Chartered Society, as well as being the professional organisation, is also the examining body.

Before the visit, a questionnaire will have been completed giving basic information concerning the student intake, staffing, educational facilities and examination results over the past five years. Copies of the Student and Staff timetables will also have been submitted by the School, so that the visitors—care is taken *not* to call them inspectors, though it is difficult to see the difference—are aware of the general situation.

On the first of the two days the visit involves the convenor, a Board representative who is usually a teacher, and a clinical visitor, usually a Superintendent Physiotherapist, will look at the clinical situations in which our students practise. In this case then, they will visit St. Olave's and New Cross, Lewisham and perhaps the Physically Handicapped School at Charlton Park, as well as the out-patient departments and wards at Guy's. They will meet the physiotherapy staff and concern themselves with the range of clinical work available, the method of allocation of patients and the way in which supervision is exercised.

Finally, after taking up any points with the Principal, the visitors compile a report which is sent to the Physiotherapists' Board and to the Education Committee of the Chartered Society of Physiotherapy for consideration. Eventually, this report will be sent to Guy's, making recommendations to those concerned with the School's Management which can range from unreserved approval to an outright decision that the School should cease to be recognised as suitable to train physiotherapists. Such a withdrawal of recognition, though seldom used, is within the statutory powers of the Board.

Visits of this type are carried out every six or seven years and are one of the methods by which the Council for Professions Supplementary to Medicine carries out its duty to regulate admission to the several registers it maintains. Registration is the condition of employment in the N.H.S. for the professions controlled by the Council.

Stress is placed on the concept that the visit should be constructively helpful rather than merely critical, hence the avoidance of the term "inspection", and past experience, both in the visiting and visited role, suggests that this is a useful exercise for the School and its administrators as well as for the Board and Society. It is very easy to slip into a complacent and non-progressive rut, and a cool appraisal by outsiders can be very salutary.

BOOK REVIEWS

"An Introduction to Clinical Endocrinology" by John A. Thomson. Pp. 191. Price £2.50. Published by Churchill Livingstone.

This pocket-sized paperback falls, at £2.50, at the lower end of the price range for medical text books nowadays. In 191 pages the author provides a review of clinical endocrinology for the undergraduate student. He has limited himself to a descriptive text with very few diagrams, no detailed pictures and no lists or tables. With no visual relief the discursive style becomes rather tedious, and the student will have to try to condense the information to create his own classifications and lists.

Clinical endocrinology is a rapidly expanding area and new information gained from experience in the field is defining which tests are most useful and which should be discarded. This book contains references up to 1975 but still describes many tests which are falling by the wayside, (e.g. urinary 17-oxogenic steroids). Hormones and hypothalamic releasing factors are still being discovered, and in the case of MSH, undiscovered. This peptide is now generally thought not to exist as a hormone (being an artefact of the extraction procedure) but it exists in this book, as in most medical texts published before 1975.

The book lacks clear and detailed descriptions of investigatory procedures. such as the steroid suppression test for hypercalcaemia, or dynamic tests of the hypothalmic-pituitary-adrenal axis. The author presents his figures for biochemical parameters in S.I. units, which he obviously dislikes, and in giving a figure for a midnight cortisol level of 276 nmol/1 in normals (obtained by multiplying 10 μg/100 ml by 27.6) he implies exceptional precision in measurement and a clear-cut discriminant, which is misleading. The references given are mostly to review articles, but do not mention the excellent series of "Add-on" volumes called "Medicine" which discuss endrocrine diseases in a more practical way.

For the student who has already bought or read (preferably both) *Clinical Chemistry* by Zilva and Pannall, this book is superfluous, as most of the topics will have been covered, and the extra information about tests and interpretation will be well worth the extra £1.50.

There are good sections in Dr. Thomson's book, and if the information is digested it will provide a good understanding of the subject, but the contents could, I feel, have been served up in a more palatable form.

Richard von Witt.

"Fractures of the Middle Third of the Facial Skeleton", 3rd Edition, by H. C. Killey. Pp. 86. Price £2.50. Published by John Wright & Sons Ltd.

For some ten years now, H. C. Killey's book on middle third fractures has proved an invaluable work on this subject to dental students and postgraduate specialists alike. It contains all the information that an undergraduate requires, and serves as a very readable introduction to the much weightier volumes for the budding oral surgeon.

The third edition is not at first glance very much changed, but important additions have been made in the form of more information on fractures of the orbital floor, these being only superficially dealt with in previous editions.

At 86 pages, it is only eight pages longer than the second edition and can still therefore be read through in an hour, or extensively studied in an evening. It deals with its subject lucidly and without getting bogged down in the more esoteric or bizarre methods of treatment which one encounters in some of the larger textbooks. The section on immediate treatment and examination are especially useful to anyone who is likely to find themselves in a Casualty Department one night, with a facial bony injury under their care.

The contents of the book are logically laid out. Following an introduction to the concept of middle third fractures and a brief description of the surgical anatomy of the area and classification of fracture types, the book continues with a very practical and useful guide to the treatment of these cases. The late Professor Killey runs through the subject from the initial presentation and examination of the patient to the definitive treatment of their injury with chapters on cerebrospinal rhinorrhoea, and radiology "en route".

Bearing in mind that this book is not intended as an exhaustive work on the subject, I can find no real fault with it, and have no hesitation in recommending it to all dental students and those with an interest in the subject as being in every way "good value".

P. L. Titchin.

CORRESPONDENCE

S.M.E.C. Survey

Sir,

With reference to the recent article on the B.M.S. course by Wesley Scott-Smith in which he quoted with permission the results of two S.M.E.C. surveys, we would like to clarify certain points.

The figures shown in the tables and quoted in the text were in fact percentages from two different sized samples. The survey carried out in 1974 had 75 respondants whilst the 1976 survey was from a sample of 87 (out of a year of 110) students.

Nevertheless this does not distort the inferences the author drew from the results. And we would welcome further discussion both by staff and students on the results of our survey.

Yours faithfully,

C. G. Newstead
R. Trembath.

c/o East Wing,
Guy's Hospital, London.

Residents' Plays

Sir,

It was with great pleasure that I found, on reading a recent publication of Guy's Hospital 250 Years, that a chapter had been devoted to a history of the Residents' Play. I was equally pleased to read the letter from Tom Hills in the last Gazette, for it is to Tom Hills that all those of us who were associated with the Residents' Play owe so much, and indeed if it had not been for his efforts in the immediate post-war period, the play might never have been revived.

May I add one or two details for the sake of accuracy—the first play after the War was in 1947 and was called I believe, "Don't Go Down the Mine, Daddy!" A skit on the impending Health Service of Aneurin Bevan, written by John Forbes, I was fortunate in being cast as Sir John Boneydear, and this had two important results; firstly, I never spoke quite the same again, and secondly it gave me the desire that one day I might write a play and make Boney a hero.

In fact, an impromptu verse in Boney's song: "If I were the Super of Guy's Boys", announced this hope:

"But wait till next year when the
State's in control.
My hopes then will not sink to zero,
For I shall be given a prominent role,
In fact I shall be acting the Hero."

Boney as the hero came in 1951 in "A Knight Errant or a Horse's Tale" written with the experienced author John Trounce.

The second play in 1952 was "The Folly of Man, or the Midwife's Tale", and finally, my last play in 1953 was one called the "Godstone Witches, or the Bird's Tale", and not "The Poison Dart Murder", though I acknowledge that "The Poison Dart Murder" by Michael Simpson was even more appropriate; indeed, this was not the only change that would have improved the play that year, but there lies another story.

1953 was also noteworthy for the introduction of women residents in the play for the first time.

I am sure everyone was delighted to hear that the play had returned after a lapse of two years. The residents are to be congratulated on their efforts—it is always a great effort! May they be successful again this year on the 75th Anniversary.

I had always hoped that a comprehensive history of the Residents' Play would be written giving the inside story of many of the scripts and the other interesting features such as the music and the scenery which make up this remarkable institution at Guy's. Perhaps it is too late now, memories are becoming dim, and those associated with the play in its early years have passed on, but if it were possible, whilst it would be a formidable task it would be very rewarding, and we could then say with Sir John, as he entered Ruritania,

"It has been a long journey Faker,
but we are here at last!"

Yours faithfully,

Geoffrey Hammond.

Erdély,
Compton Down,
Winchester.

Residents' Plays II

Sir,

In the immediate post-war period the Residents' Play might well have disappeared for ever. Tom Hills' letter certainly stimulated memories of the past but did himself very much less than justice. It is fair to say that without Tom there would have been no continuation of the play.

He bullied, encouraged and advised a whole generation of authors, producers and actors, and in addition wrote the music for the first post-war play and quite a bit for some of the subsequent productions. He knew just how much the author could get away with without ruining his career, and for years acted as an unofficial censor.

Even in war time, Guy's was not entirely without home produced enter-

tainment and the Hills' "Starlet Revues" ran as far as we remember to six editions and provided some tradition on which to revive the play.

So we do owe Tom Hills a very considerable debt of gratitude for without his enthusiasm in the early days there would have been no Montgomery lyrics, no "Night Time in Bermondsey" and all the other pleasures that were to follow.

Yours faithfully,

J. R. Trounce,
J. M. Hall.

Guy's Hospital
Medical School.

As Through a Glass, Darkly

Sir,

Hazards to the eyes of both patient and dentist while treatment is undertaken are well known, and all clinical students are issued with clear safety spectacles for their personal use.

The recent introduction of a second pair, for the patients, has been met with some hilarity. These are grotesque dark glasses, reminiscent of some hippy cult. They are also of doubtful quality, mine having broken within 48 hours. Furthermore they prevent the operator from recognising a patient's response to an uncomfortable stimulus, and more serious signs from the pupils. I also imagine that being virtually shut off from the light of day will enhance apprehension of treatment in the more nervous patient.

Eyes must be protected at all costs—but it would surely be preferable to provide the patients with clear safety spectacles.

Yours faithfully,

N. P. Chandler.
Dental Student.

c/o East Wing,
Guy's Hospital.

SPORT

RUGBY

Streatham-Croydon 8 vs. Guy's 11
15th January at Thornton Heath.

Guy's who have been customarily slow starters this season were worse than usual in letting Streatham score a soft try after only two minutes of this morning match. Fortunately this seemed to wake Guy's up, and they pressurised the opposition strongly without scoring for the rest of the first half. Against the run of the play Streatham scored another breakaway try to lead 8—0 at the interval.

In the second half Guy's began to dominate the Streatham pack who responded with some unnecessarily dirty play. Laws scored a good try after a break from the back of the scrum by Loxton, and a few minutes later Portelly scored a very good try, aided by Hughes. With the score level, the Guy's pack exerted even more pressure with Hagan especially prominent. With only a few minutes remaining Guy's were awarded a penalty and Hughes successfully kicked the goal. Guy's maintained the pressure until the final whistle blew.

Guy's 0 vs. London Irish 26
19th February at H.O.P.

London Irish took the field with the best senior club record in London. The Irish fielded six internationals, and of the remainder only two having played no representative rugby, Guy's on paper were firm underdogs.

For the first 20 minutes of the game Guy's played with great spirit, tackling particularly well and trying to run at every opportunity. The Irish, however, scored when their international captain, Kennedy, went over from an off-side position at a ruck near the Guy's line. This did not, however, open the flood gates and the Irish were lucky to be awarded another push-over try just before half time.

In the second half the pattern continued with Guy's tackling well and in fact it was only in the last 10 minutes that the Irish scored their further tries.

Despite the score this was a good performance by Guy's who were unlucky to come away without a score and in fact the Irish were somewhat flattered by the margin of their victory.

Guy's 9 vs. Nuneaton 20
12th March at H.O.P.

On a day when for the first time in many weeks open-running rugby was possible, Guy's entertained Nuneaton.

From early in the game it was obvious that Guy's were going to be under pressure in the scrums but by some determined tackling and good work by Brian Keevil in the line-out, the Guy's backs were provided with some good ball.

Nuneaton enjoyed the territorial advantage for the first half although Guy's were unlucky not to add to their penalty, kicked after ten minutes, when the Nuneaton touch judge flagged Brian Keevil, the referee already having given the try in the corner. Thus at half time

Guy's were seven points adrift at 3—10.

For the first 15 minutes of the second half the home side were under intense pressure, and but for some very tenacious tackling and a lack of imagination on the part of the Nuneaton backs more than the single unconverted try would have been conceded. The Guy's forwards then began to provide better ball and enabled their superior backs to run at Nuneaton. Guy's were rewarded by a try by McLauchlan which was converted, bringing the score to 9—14. Although still dominant, Guy's then allowed Nuneaton to score a soft try under the posts and thus lost a game 9—20 which they could and should have won.

HOCKEY

Guy's XI 3 v. Charing Cross XI 1
23rd February

The 1st and 2nd XI combined to produce a team that was more than a match for that which Charing Cross could put up.

An early defensive error, aided by the sand in the goalmouth gave Charing Cross a surprise lead. However from that point on, until the final whistle, there was little for the Guy's defence to do apart from spectating. Goals from David Keeble-Elliot, Jon Wilde and a penalty goal from Duncan Jones provided the substance of Guy's superiority.

Team: M. Vallis; M. Craigan/S. Filose, C. Gwinnult; P. Sanders, M. Kiln, G. Saward; D. Keeble-Elliot, J. Wilde, D. Maxted, D. Jones, C. Darby.

M. P. V.

Guy's 2nd XI 3 v. St. Bart's 2nd XI 2
UH (Junior) Cup Semi-Final. 2nd March

With the non-arrival of Simon ("the bike's a bit broken") Filox and Peter ("the last time I'll accept a lift") Sanders, the 2nd XI run in the cup seemed doomed. Despite the marvellous play by all nine players, Guy's were unluckily 2—0 down by half-time.

Ten minutes left and finally all the effort paid off as Jon Wilde thumped in the first goal. And Bart's sagged further as Garth Saward slotted in the equaliser moments later. But we had to wait till the last minute for Pete Rowley to push the ball high into the Bart's goal for the third—just as the final whistle went.

My thanks to Duncan Jones for coming along to umpire.

Team: S. Martin; C. Darby, J. Oliver; G. Saward, M. Kiln, M. Vallis; J. Wilde, D. Maxted, P. Rowley.

M. P. V.

BOAT CLUB

March is upon the Boat Club again, and to oarsmen that means "The Heads".

This year it is hoped that Guy's will row in the Reading, Kingston, and Tideway events, which are held respectively on the 12th March, 26th March, and 2nd April.

Last year, for the first time for many years, Guy's was not represented, which means starting this year at the bottom of the divisions. However, many of our past senior oarsmen are back at Guy's, and I hope they will be willing to compete, and put Guy's back on the river.

There is still a lack of oarsmen in the middle years of Guy's student courses, and although a Novice crew and Senior crew are training at present, it is hoped that as the weather warms up, more students will find their way to the boat house, so that a solid squad can be formed once more. Even if you have never rowed before, a warm welcome will be given to you. If interested, contact can be made via the Boat Club pigeonhole, in the East Wing.

P. L. T.

HOSPITAL INFORMATION

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the following Scholarships for the Session 1977-78. Forms are obtainable from the Dean and should be returned not later than 29th April, 1977.

The Beaney Scholarship in Materia Medicine

Candidates for the Scholarship must have received part at least of their medical education at Guy's Hospital Medical School. The object of the Scholarship is to advance knowledge of Materia Medicine (including Pharmacy, Pharmacology and Therapeutics) by supplying the Scholar with the means of carrying out original investigation in these subjects. The Scholar holds the Scholarship for three years and is eligible for re-election. The Scholarship is of the annual value of approximately £435.

The Sir Alfred Fripp Memorial Fellowship

The Sir Alfred Fripp Fellow is required to promote the advancement of knowledge and research in Psychology, more particularly through the study of children in health and/or disease. The Fripp Fellow is allowed opportunities for study in the Department of Paediatrics and the Department of Child and Adolescent Psychiatry and is required to submit with his or her application a definite scheme of advanced study or research to be carried out during the tenure of the Fellowship. The Fellowship is ordinarily for a period of two years but may be renewed for a further period of up to three years. Candidates must possess a registrable medical qualification and should not be more than 35 years of age. The value of the Fellowship is up to £750 per annum according to the seniority of the holder and the amount of time to be devoted to the Fellowship.

Dr. James Leighton Hopkins Travelling Scholarship

Candidates for the Scholarship must be registered Medical Practitioners, who have studied at Guy's Hospital Medical School. The purpose of the Scholarship is to assist the Scholar to travel to gain further experience. The value of the Scholarship is up to approximately £750.

The Hilda and Ronald Poulton Fellowship

The Poulton Fellow carries out research in the Department of Medicine under the direction of the Professor of Medicine and the object of the Fellowship is to increase the knowledge of the origin, progress, treatment and cure of obscure diseases in man. The Fellow is appointed for two years in the first instance with possible reappointment from year to year. He is required to work at least half his time in the Department of Medicine under the direction of the Professor of Medicine and may hold another appointment at the Hospital or School. The present value of the Fellowship is approximately £450 per annum.

The Adrian Stokes Memorial Fellowship

The Fellowship is open to registered Medical Practitioners or Graduates in Science, Pathology or Bacteriology. Applicants must be anxious to carry out further study in Pathology or Bacteriology in any of their branches. The Fellow is required to carry out this study during a period of not less than six calendar months in his year of tenure at a University, School or Hospital, or other institution, subject to the approval of the School Council, except the School in which he has received his medical or scientific education. The Fellowship is of the value of approximately £950.

PASS LIST

UNIVERSITY OF LONDON

M.D. (1976)

Dr. H. Cannell
Dr. P. M. Carter
Dr. D. P. Evans
Dr. G. J. Gibson
Dr. N. W. Glendinning
Dr. D. A. N. Johnson
Dr. A. B. O. O. Oyediran
Dr. J. G. Payne
Dr. M. A. Preece

Ph.D. Psychology

J. A. Thompson

Ph.D. Pharmacology

P. McElhatton

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

FEBRUARY 1977 FINALS RESULTS

Miss R. S. Constable
Miss C. A. Davey
Miss S. J. Floyd
Mrs. J. H. L. Heath (née Riley)
Miss S. M. Moir
Miss F. M. Morrison

ENGAGEMENT

The engagement is announced between Dr. James Dennison and Miss Rosemary Jones.

DEATHS

HARWARD—On 18th February 1977, at home, Dr. R. L. Haward.

PERSONAL

HOLIDAY COTTAGE—to let—Isle of Mull—Inner Hebrides. Superb views, all facilities. £40 per week inclusive. Ring Maggie Anderson (01–373 9579) evenings.

CHANGE OF ADDRESS

Mr. R. J. Cann, M.S., has moved to "Cairngorm", North Street, South Petherton, Somerset.

PAPERS BY GUY'S MEN

Adams, C. W. M. Pathology of multiple sclerosis: progression of the lesion. *British Medical Bulletin,* 1977, **33,** 15.

Adinolfi, M. and Adinolfi, A. Ontogeny of human plasma proteins: detection of the onset and site of synthesis using genetic markers and **in vitro** cultures. In: **Strucure and function of plasma proteins.** Vol. 2 (1976). Allison, A. C. **Ed.** pp. 1–52. New York. London: Plenum Press.

Adinolfi, M., Beck, S., Embury, S., Polani, P. E. and Seller, M. J. Levels of alpha-fetoprotein in amniotic fluids of mice (curly-tail) with neural tube defects. **J. med. Genet.** (1976), **13,** 6, 511–513.

Adinolfi, M. C. and Billington, W. D. Ontogeny of acquired immunity and feto-maternal immunological interactions. In: **Fetal physiology and medicine: the basis of perinatology** (1976). Beard, R. W. and Nathanielsz, P. W. **Eds.** London, Philadelphia. Toronto: W. B. Saunders Co. Ltd.

Alberman, E. Factors influencing perinatal wastage. In: **Fetal physiology and medicine: the basis of perinatology** (1976). 415. Beard, R. W. and Nathanielsz, P. W. **Eds.** London. Philadelphia. Toronto: W. B. Saunders Co. Ltd.

Alberman, E., Creasy, M., Elliott, M. and Spicer, C. Maternal factors associated with fetal chromosomal anomalies in spontaneous abortions. **Brit. J. Obstet. Gynaec.** (1976), **83,** 8, 621–627.

Amiel, Stephanie A., The effects of Bordetella pertussis vaccine on cerebral vascular permeability, **British Journal of Experimental Pathology** (1976), 57, 653.

Ashley, F. P. and Wilson, R. F. Dental plaque and caries. A 3-year longitudinal study in children. *British Dental Journal,* 1977, **142,** 3 p85.

Atherton, D. J., Wells, R. S. *and another.* Razoxane (ICRF 159) in psoriasis. (Correspondence) *Lancet,* 1976, **2,** 1296.

Babarik, A., Benson, P. F., Fensom, A. H. and Barrie, H. Corneal clouding in GM1—generalized gangliosidosis. **Brit. J. Ophthalmol.** (1976), **60,** 8, 565–567.

Batchelor, J. R. *and others.* Histocompatibility antigens as makers of abnormal iron metabolism in patients with idiopathic haemochromatosis and their relatives. *Lancet,* 1977, **1,** 327.

Benson, P. F., Boylston, A., Button, L., Dean, M. F., Mowbray, J. and Muir, H. Enzyme replacement therapy by fibroblast transplantation in a case of Hunter syndrome. **Arch. Dis. Childh.** (1976), **51,** 9, 730.

Beynon, G. Neonatal hypocalcaemia. (Correspondence) *Lancet,* 1976, **2,** 1250.

Boyd, E. G. C. A. and Mutton, D. E. A densitometric scanner for use with sinous chromosomes. **Proc. roy. microscop. Soc.** (1976), **11,** 5, 38.

Camerson, J. S. Steroids for idiopathic membranous nephritis (Correspondence) *New England Journal of Medicine,* 1977, **296,** 49.

Campbell, S., Grundy, M. and Singer, J. D. Early diagnosis of spina bifida in a twin fetus by ultrasonic examination and alpha-fetoprotein estimation. **Brit. med. J.** (1976), **2,** 6037, 676.

Creasey, M. R. Triploidy. **Develop. Med Child Neurol.** (1976), **18,** 6, 811-816.

Dowling, R. H. Chenodeoxycholic acid therapy of gallstones. *Clinics in Gastroenterology,* 1977, **6,** 141.

Dieppe, P., Burry, H. C., Grahame, R., Perera, T. Sulindac in osteoarthritis of the hip. *Rheumatology and Rehabilitation,* 1976, **15,** 112.

Emslie, R. D. Fluoridised milk. (Correspondence) *Lancet,* 1977, **1,** 143.

Franks, C. R. and Williams, Y. Prognostic value of peripheral lymphocyte count in hormone therapy of advanced breast cancer. *British Journal of Cancer,* 1976, **34,** 641.

Giannelli, F., Benson, P. F., Pawsey, S. A. and Polani, P. E. Bloom's syndrome: cytological and biochemical studies. **Arch. Dis. Childh.** (1976), **51**, 9, 730.

Gianelli, F., Benson, P. F., Pawsey, S. A. and Polani, P. E. Ultraviolet light sensitivity and delayed DNA—chain maturation in Bloom's syndrome fibroblasts. *Nature,* 1977, **265**, 466.

Gibson, T., Myers, A. Nervous system involvement in systemic lupus erythematosus. *Annals of the Rheumatic Diseases,* 1976, **35**, 398.

Gibson, T., Hannan, S. F., Hatfield, P. J., Simmonds, H. A., Cameron, J. S., Potter, C. S., Crute, C. M. The effect of acid loading on renal excretion on uric acid and ammonia in gout. *Journal of Clinical Chemistry and Clinical Biochemistry,* 1976, **14**, 290.

Gibson, T. Ankylosing hyperostosis with cord compression. *Rheumatology and Rehabilitation,* 1976, **15**, 67.

Gibson, T., Schumacher, H. R. Ankylosing hyperostosis with cervical spinal cord compression. *Rheumatology and Rehabilitation,* 1976, **15**, 67.

Gibson, T., Sims, H. P. and Jimenez, S. A. Hypouricaemia and increased renal urate clearance associated with hyperthyroidism. *Annals of the Rheumatic Diseases,* 1976, **35**, 372.

Gill, D. G., Mendes da Costa, B., Cameron, J. S., Joseph, M. C., Ogg, C. S. and Chantler, C. Analysis of 100 children with severe and persistent hypertension. *Archives of Disease in Childhood,* 1976, **51**, 951.

Glass, J. S. and Grahame, R. Chondrocalcinosis after parathyroidectomy. *Annals of the Rheumatic Diseases,* 1976, **35**, 521.

Grahame, R., Simmonds, H. A., Cameron, J. S. and Cadenhead, A. Thiapurinol: Dose related effect on urinary oxypurine excretion. *Journal of Clinical Chemistry and Clinical Biochemistry,* 1976, **14**, 291.

Grahame, R. The problems of diagnosis of arthritis in the elderly. *Proceedings of the Royal Society of Medicine,* 1976, **69**, 926.

Grahame, R. Ketoprofen—clinical efficacy. *Rheumatology and Rehabilitation,* 1976, **15**, supplement, 22.

Henry, A. N. Arthroscopy in practice. *British Medical Journal,* 1977, **1**, 87.

Holt, D. W., Hayler, A. M. *and another.* Penetration of digoxin into cerebrospinal fluid. *Postgraduate Medical Journal,* 1976, **52**, 700.

Iser, J. H., Murphy, G. M. and Dowling, R. H. Speed of change in biliary lipids and bile acids with chenodeoxycholic acid—is intermittent therapy feasible? *Gut,* 1977, **18**, 7.

Ivanyi, L. The mitogenicity of dextrans for B lymphocytes in man. *Clinical Immunology and Immunopathology,* 1977, **7**, 123.

Kay, A. G. *and others.* A prospective study of 102 patients with the polymialgia rheumatica syndrome. *Rheumatology and Rehabilitation,* 1976, **15**, 270.

Keen, H., and Jarrett, R. J. Myocardial ischaemia, risk factors and death from coronary heart-disease. *Lancet,* 1977, **1**, 105.

Laurence, M. A surgeon's respect for skin. *World Medicine,* 1977, **12** (8), 49.

McColl, I. and Rendall, M. A critical assessment of the place of endoscopy in gastroenterology. *Proceedings of the Royal Society of London,* 1977, **195**, 251.

McCormack, J., Clinical Uses of Parallel Sided Pins. **Dental Update,** 1976b, 3, 129.

McCormack, J. Vertical Non-Parallel Screw Retention Pins for Splints and Bridges. **Dental Update,** 1976.

McCormack, J., Introduction and Freehand Tapered Pins. **Dental Update,** 1974, 1, 392.

McCormack, J., Mechanical Methods of Paralleling Pinholes. **Dental Update,** 1976a, 3, 75.

McCormack, J., Horizontal Non Parallel Pinning for Lower Anterior teeth. **Dental Update,** 1976.

Morris, J. G. L., Parsons, R. L., Trounce, J. R. *and another.* Plasma dopa concentrations after different preparations of levodopa in normal subjects. *British Journal of Clinical Pharmacology,* 1976, **3**, 983.

Moynahan, E. J. *and another.* The tuberous sclerosis syndrome: clinical and EEG studies in 100 children. *Journal of Neurology, Neurosurgery and Psychiatry,* 1976, **39**, 666.

Parsons, R. L. *and another.* Hypertension 1: diagnosis and assessment. *Update,* 1977, **14**, 31.

Parsons, R. L., Trounce, J. R. *and another.* Propranolol absorption in Crohn's disease and coeliac disease. (Correspondence) *British Medical Journal,* 1977, **1**, 103.

Parsons, R. L. *and another.* Therapeutics in general practise. *Update,* 1976, **13**, 1185.

Parsons, R. L. *and another.* Therapeutics in general practise. *Update,* 1976, **13**, 943.

Price, J. F., Williams, B. D., and Challacombe, S. J. Apglutinins for complement-coated sheep erythrocytes. (Correspondence). *Nature,* 1976, **264**, 814.

Price, J. F., Cogswell, J. J., Joseph, M. C. and Cochrane, G. M. Exercise-induced bronchoconstriction, skin sensitivity, and serum IgE in children with eczema. *Archives of Disease in Childhood,* 1976, **51**, 912.

Pritchard, M. H., Gow, P. J. Wegeners granulomatosis presenting as rheumatoid arthritis (2 cases). *Proceedings of the Royal Society of Medicine,* 1976, **69**, 501.

Ray, T. K. Diagnosing hypothyroidism: don't just look for the obvious. *Modern Geriatrics,* 1977, 7, 46.

Rees, R. J. W. *and others.* Transmissible egents from human sarcoid and Crohn's disease tissues. *Lancet,* 1976, **ii**, 761.

Rees, R. J. W. *and others.* Evidence for prevention of borderline leprosy reactions by dapsone. *Lancet,* 1976, **ii**, 1171.

Rowe, A. H. and Binnie, W. H. The incidence and location of micro-organisms following endodontic treatment. *British Dental Journal,* 1977, **142**, 3 p91.

Stewart, I. M. G. Compared incidence of first myocardial infarction in hypertensive patients under treatment containing propronolol or excluding B receptor blockade. *Clinical Science and Molecular Medicine,* 1976, **51**, 1-3.

Sowton, E. Use of cardiac pacemakers in Britain (Correspondence) *British Medical Journal,* 1977, **1**, 106.

Sweetman, B. J., Jayasinghe, W. J., Moore, C. S. and Anderson, J. A. D. Monitoring work factors relating to back pain. *Postgraduate Medical Journal,* 1976, **52** supplement 7, 151.

Thomas, T., Williams, H., Williams, Y., and Hunt, J. FIEBA in haemophiliacs with factor VIII inhibitor. (Correspondence). *British Medical Journal,* 1977, **1**, 52.

Watson, M. Femoral-head height loss: a study of the relative significance of some of its determinants in hip degeneration. *Rheumatology and Rehabilitation,* 1976, **15**, 264.

Wink, M. J. Postcoital contraception. (Correspondence). *British Medical Journal,* 1977, **1**, 234.

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MONTHLY 30 APRIL 1977 VOLUME 91 NUMBER 2269

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

While strolling through the Park the other day I came across my very good friend Magnus Bore. I was returning from a brief meeting with my bank manager and was feeling well pleased with myself. It had been the usual kind of confrontation—bended knees and buckets of blood but he had finally, graciously agreed to lend me the down-payment on a breadburger until Friday. Flushed with success I invited Magnus to the Spit for some calories and a chat. On arrival I was pleasantly surprised to see that Magnus Bore's Catering Plan Mark IIB had been adopted and that they were now giving away the food and selling the sauce—we studied the menu.

TODAY'S MENU

KETCHUP À LA LAMBETH—*une sauce tomates, d'espices et de vinaigre* £3,098.99½p

HB SAUCE—*un mélange de haute qualité des fruits orientaux etc., etc. (cooked at the table)* £9,999.99½p

Service, lighting, tables, knives, forks AND spoons not forgetting V.A.T. exclusive.

Both of us having selected the HB Sauce and rented some utensils, I helped myself to a generous *soupçon* of sausages *avec pommes frittes* and addressed myself to the matter in hand. It was therefore some time before I realised that Magnus had hardly eaten anything.

Unusual, I thought. He has been described (by a tactful colleague) as an impressive figure and I suppose, at five feet two with eyes of blue, 14 stones of blubber on the hoof, that this is a fair description. He is descended from a long line of gluttons, the most notable of his predecessors being Magnus Frank Lloyd Wright Bore the IIIrd who designed and built the world's first high-rise ham sandwich.

"No appetite?" I asked.

"Plenty of appetite but no eating", replied Magnus. "Not since I joined N.A.E.A.P.O.F.S.—the National Association for the Education and Prevention of Fat Slobs".

"I was a Fat Slob once", he continued, "until one day I decided to take some exercise; I was running, and only half way around the block, when we both collapsed. I say both because I was short of breath and my track-suit had cramp. I decided it was time for a change, a new initiative—a few bold steps in the right direction, so I joined up and have become one of the most active members of this great movement—bent on the restoration of the nation's health."

At this point he reached into his brief case and produced a pork-pie, he passed it to me and asked me to read the instructions on the back. They read as follows :

WARNING

by H.M. Government

EATING CAN DAMAGE YOUR HEALTH

but if you must eat

1. Take smaller bites.
2. Remove from mouth between bites.
3. Take fewer bites.
4. Do not eat the crust—stub it out.
5. Do not inhale the crumbs deeply.

"Very interesting", I said weakly.

"There is more", said Magnus,

DON'T EAT AND DRIVE

and my favourite

DON'T TAKE YOUR HOTPOT OUT FOR A DRINK

(You know its makes sense)

and

YOU CAN'T SCRUB YOUR STOMACH

"What about the ale?" I asked.

"I am a founder member of the R.S.P.I.B.B.F.", he replied haughtily—the Royal Society for the Propagation of the Idea that Beer is Brain-Food."

NOTICE

GUY'S HOSPITAL RUGBY FOOTBALL CLUB

ANNUAL BALL

Thursday, 2nd June, 1977

at

BROMLEY COURT HOTEL

Double Tickets £11.50p

Available from— Mike Broughton Richard Laws Richard Dunn

via The East Wing

NEWS IN BRIEF

New Sub-Dean

Our congratulations to Professor T. J. H. Clark who was appointed Sub-Dean on April 1st.

Prize Winners

Our congratulations to the following Prize Winners.

Jean Morton Prize: B. Jones.

Gillespie Prize in Psychological Medicine: D. R. Davies and J. Efthimiou.

Gilbert Prize in Rheumatology: B. H. Wilkins.

Beaney Prize in Histopathology: T. J. Palmer.

Beaney Prize in Immunology: J. R. W. Hangartner (Certificate, B. H. Wilkins).

Travel Scholarship

Congratulations to Sister Light of Nuffield Theatres who has been awarded a Travel Scholarship by Warne Surgical Products Ltd. as a result of her paper on Urological Practice. She will be visiting the U.S.A. to compare British and U.S. theatre procedure.

Residents' Play

This year's Residents' Play, "4077—A Guy's Oddity", will be held in the Greenwood Theatre on the 12th, 13th and 14th of May, 1977. Tickets will, as usual, be available free of charge in the Colonnade a few days before the production though all contributions will be welcome.

Music Club — A.G.M. — Concert

The Music Club will hold its Annual General Meeting on Tuesday, 3rd May at 5.30 p.m. in the Table Tennis Room, East Wing. Nominations for the new committee are welcomed by the Secretary, c/o East Wing.

The Guy's Hospital Music Club Orchestra will give a concert on Wednesday, 11th May at 8 p.m. in the Greenwood Theatre.

The programme will be Rossini's "Thieving Magpie" Overture, Elgar's String Serenade, Mendelssohn's Violin Concerto (played by James Hogg) and Beethoven's Symphony No. 4. Tickets are available from the Secretary of the Music Club or from members of the Orchestra.

Obstacle Race to Rescue

On 24th April, the tenants of Wolfson House once again turned out in good order in response to a midnight sounding of the fire alarm. The behaviour of the students was impeccable but we noted with some dismay that firemen were forced to *climb* the gate from Weston Street, customarily kept locked. The alarm was apparently a false alert, but it seems unreasonable and dangerous to set further obstacles in the paths of the firemen who may be coming to save our lives. Surely arrangements could be made for the immediate unlocking of the Weston Street gate on the sounding of the alarm.

Fire at Guy's

The Hospital workshops behind the old Dental School were badly damaged by a fire on 16th March. At one time almost a hundred firemen were helping to control the blaze. There were no casualties, but the domestic staff quarters next to the workshops were evacuated.

Mikado

It is with regret that the Gilbert and Sullivan Society have announced that the production of *The Mikado* planned for next month has had to be cancelled. It is understood that this decision became inevitable as the rehearsals were making little progress. The Society plans, however, to stage further productions in the next academic year.

April Fool

Connoisseurs of the practical joke will be pleased to learn of an ingenious April Fools' Day prank whose victim was Dr. R. S. Wells. This involved the presentation of a "patient" (a brave dental student) to Dr. Wells. The patient had, in fact dipped his hands in silver nitrate. Apparently the Dermatologists were quite taken in by this façade, and when the physical examination was threatening to become rather too thorough the cry "April Fool!" went up—causing at least one very red face.

Yellow Peril?

Now that yellow lines have been painted along the basement corridors, rumour has it that Traffic Wardens will be moving in to control illegal leaving of patients, food trolleys and supplies between the Tower, Hunt's House and the Medical School.

Review

BENJAMIN BRITTEN'S WAR REQUIEM

The Combined Hospitals' Choir and Orchestra conducted by John Steer gave a performance of the *War Requiem* in the Central Hall, Westminster, on 16th March in front of a disappointingly small audience. The soloists were Felicity Palmer (soprano), Ian Partridge (tenor) and Mark Rowlinson (baritone). The boys' voices were provided by the Wandsworth School Boys' Choir.

Our music critic, Dr. Y. H. Abdulla, writes :—

The performance of Britten's *War Requiem* by the combined forces of St. Thomas's, Bart's and Guy's was an artistic triumph very poorly attended. Many people, like myself, who never heard the work live, dislike it.

Fortunately I discovered how mistaken I was. The work is operatic in conception with cunningly precise spatial arrangement of sound sources. It has to be seen and lived with to be enjoyed. The treatment of musical instrument and singing voices on a stage is very original. The static position of the instruments and singers, however, is a nightmare challenge to a conductor. John Steer more than met the challenge in a seemingly effortless way. Ian Partridge and Mark Rowlinson predictably sang well. Felicity Palmer—with her magnificnt young lungs and sensitive use of wide dynamic range—was a continuous source of amazement and delight.

CLUBS' UNION NEWS

On my return from my recent somewhat unexpected period of absence, I was delighted to find all very much in order back at the Union camp, and the bar is still solvent without my custom!

The summer term promises to be a highly active time socially, as I hope the information below will show. The largest event to be held this summer will be the combined Beer Festival, and "It's a Knock Out" competition on 28th May at Honor Oak Park. There will be a six-a-side Soccer competition for both Ladies and Men, a Yard of Ale Competition, Tug of War Competition, Lawn Tennis Tournament, plus other entertainments throughout the day. In the evening there will be a disco and live band in the marquee obtained for the occasion. Tickets and further information will shortly be available all around the Hospital, so keep your eyes open for further developments.

On a smaller scale, there is the Guinness Grand Union Canal Medical Meander (The Guinness Walk) on 7th May from Rickmansworth to Little Venice (a mere 30 miles). The lucky walkers (and runners?) will be suitably refreshed at various points throughout the course. Unfortunately, the number of people who can go this year is strictly limited, but a list will go up in the East Wing on Monday 2nd May.

I am sure that old timers will welcome the return of this event, albeit on a somewhat smaller scale, and over a new route. "Fresher" students will not have experienced the delights of the old Guinness Walk, but I thoroughly recommend you to participate in this event. Again, full details will be available very shortly.

We are hoping to organise a float for the Silver Jubilee river procession on 9th June in the evening. The procession will leave from Greenwich in the late afternoon and go up river to Putney. The procession will return after dusk, and will receive the Queen's Salute at about 9.00 p.m. at Westminster. We are interested in people willing to help decorate a 50 ft. long barge, any ideas however liberal, and support from the riverside. Whether or not this project comes off seems to depend largely on finance at the moment.

During the term Inflams will be held every other week in the bar, as usual, plus some extra dances, the first of which will be on 27th April, in the Table Tennis Room. A bar will be set up there with an extension until 11.00 p.m.

It has been decided to drop the Annual Summer Ball at Guy's this year. Negotiations with St. Thomas's Clubs' Union have probably enabled us to go to their Ball on 1st July, at Cobham in Surrey. Double tickets will be £13 but include breakfast(!).

At the mention of the words "Student Grants" the average student—a normally politically placid species happy to live on his own college reservation without too much interference from others—suddenly sits up and pricks up his ears to listen to what is going on. Most of you will probably have read or heard of the recently announced increases in grants, but you are probably not sure exactly how they will affect you. I hope the information below will be of some assistance.

This year's grant reassessment is of particular interest as it includes a review of the grants structure. This review normally occurs triennially, with interim increases in between. However, it has been agreed to review the grants structure again next year, presumably because the government would like to

see improvements in the structure, but just do not have the extra cash available at the present time. (Perhaps they are expecting a long awaited economic miracle to occur during the next year!)

The new rates for the academic year 1977-1978 for London Students are set out below. The current year's figures are included for comparison.

	1976/77	*1977/78*
Basic Grant (30 weeks) for students living away from home	£955.00	£1145.00
Basic Grant for students living at home	£675.00	£785.00
Each additional week's attendance :		
— Living away from home	£18.30	£22.80
— Living at home	£8.90	£10.80
From the above :		
Pre-Clinical Student (33 weeks)		
— Living at home	£701.70	£817.40
— Living away from home	£1009.90	£1213.40
Clinical Student (52 weeks)		
— Living at home	£870.80	£1022.60
— Living away from home	£1357.60	£1646.60

The minimum grant has been raised from £50 to cover the payment of all tuition fees. Parental contributions have also been lowered. This contribution is assessed by taking gross parental income, minus certain allowances such as for mortgage interest repayments and dependent children. The lowering of this contribution, even allowing for inflation, should mean that parents will be asked to contribute less, and more students will receive a full grant. The minimum residual parental income at which a contribution will be assessed is now £3200 (from £2700).

The government have also announced their long term intention to abolish parental contributions altogether—a very welcome announcement which has long been asked for by the NUS.

If you do have any problems or queries with your grant, please do not hesitate to contact me.

Still on the subject of finances, you will all have read of the decision drastically to increase the tuition fees of all Universities and Colleges. The students who will mainly be affected by this decision will be overseas and postgraduate students. This has particular interest to health students. At a time when it is widely accepted that postgraduate and more mature students are often more suited to train as doctors than some students who are fresh from school, and consequently more inexperienced, it seems totally fatuous actively to discourage such persons by this decision. The increase in fees has been almost universally condemned by University authorities and Student Unions, and has led to many highly publicised sit-ins and protest marches throughout the country. These have achieved very little except to bring the problem to the public eye. Sadly this has generally been in an unbalanced way, and has often led to factual misrepresentations in the Press.

If one accepts the need for cutbacks in university spending, one wonders if a better course of action would have been for the interested parties to get together to examine alternative methods of making the necessary spending cutbacks within the University system.

Francis Hughes.

EXTERNAL AFFAIRS

by Philip Carney

It has always been the policy of the Clubs' Union to take an interest in external affairs and we are one of the few London medical colleges that consistently takes part in University of London activities. We have in recent years flirted with the NUS and our interest has been increased, due to a decision at a recent general meeting, to send Clubs' Union observers to all important NUS conferences.

I attended the Easter NUS conference which was held, for the second time in four months, at Blackpool. The political stance of the National Union has always been a subject of controversy and this conference provided an indication of the "state of the parties".

It was clear from the voting figures that the Broad Left (an alliance of left-wing Labour Party members, Communists, and various "independent socialists") was still in control, but also that its grip on the NUS was weakening. Of the 15 members of the executive elected at this conference 10 were members of the Broad Left. It is also interesting to note that Communist representation on the executive decreased to four members. Over 750 delegates attended the conference and of these about 150 were committed supporters of the moderate Federation of Conservative Students (FCS) and at least 50 more were prepared to vote with them on a number of occasions. The FCS increased its representation on the executive from one to two members. There were about 200 supporters of the "Ultra-Left" (affectionately known as "Trots") which was politically split into the recently formed Socialist Student Alliance and the more extreme National Organisation of International Socialist Societies (the former gaining at the expense of the latter). Most of the Ultra Left second preference votes (under the STV system) went to Broad Left candidates.

Taking the above as a whole it is evident that the swing to political moderation in the NUS is continuing this year. This was also manifested in the policy decisions which were taken at the conference. These included motions on grants, overseas students, tuition fees, education, further education colleges and union development; the controversial subject of racism and Fascism raised its hoary head yet again and it seems likely that, although the FCS failed at this conference to defeat the divisive policy of "No-Platform", it will be rescinded at the next conference. A report in *The Times Higher Education Supplement* (8th April) noted that "almost every motion on the agenda was directly concerned with the interests of students". This was in contrast to other conferences in recent years which advocated policies of a more general, politically-campaigning nature.

I deliberately give a political view of NUS because conference is orientated along political lines. The candidates for election stand on political platforms and the motions for discussion are drawn up by political groups. It is a matter of personal opinion whether this is good or bad in a national students' union. It can lead to political bickering with speakers throwing "-isms" and "-ists" at each other. There were all kinds of "-isms" at this conference, many of which I had never heard of, but perhaps the prize goes to the speaker who came up with "Head-in-the-Sandism". Undoubtedly the processes of local and central government are expedited by the clear policies which are put forward by political parties and this may be the case in the NUS.

Perhaps one student provided his own comment when on the last day of conference, amidst all the vendors of *Socialist Worker, Red Weekly, The Morning Star,* etc., he was selling copies of *The Beano.*

When the British Medical Students Association (BMSA) folded some years ago medical students were left with no effective national representation. Soon afterwards the Health Sector of the National Union of Students (NUSHS) was formed to represent health students as a whole and this went some way to fill the vacuum left by the demise of the BMSA. Recently a Medics' Working Party has been created within NUSHS in response to the special needs of medical students and this effectively replaces the old BMSA. There is also adequate provision for the representation of dental students within the NUSHS.

The Medics' Working Party holds two conferences a year and the next conference will be at King's College Hospital on 7th May. The two main topics to be discussed are education and employment; the latter being of immediate importance to medical students since there is a distinct prospect of there being fewer pre-registration posts than medical graduates in 1981 and following years, and therefore doctor unemployment. The Medics' Working Party represents medical students to the GMC, BMA, DHSS, DE and S, MDU, and other important bodies. The Working Party is the only organisation which fulfils such a representative role. The Clubs' Union and, I hope, SMEC will be sending observers to the 7th May conference.

The Medical School Societies Information Service (MSSIS) organised a conference at Sheffield for the primary purpose of exchanging information on finance, student bars, discos, and so on, and the Clubs' Union sent three representatives. This, ostensibly a political conference, also dealt with issues such as medical education, tuition fee increases, the NUS, selection procedures for medical schools, and the possibility of unemployed doctors. The delegates from Bart's also proposed that a national medical students representative body should be formed and that this should be independent of NUS and MSSIS. They felt that it was particularly important that there should be effective national representation for medical students as their future was being overshadowed by the prospect of unemployment. There was much heated discussion about this proposal and, by a majority vote, those present felt that it would be better to work inside the NUSHS Medics' Working Party.

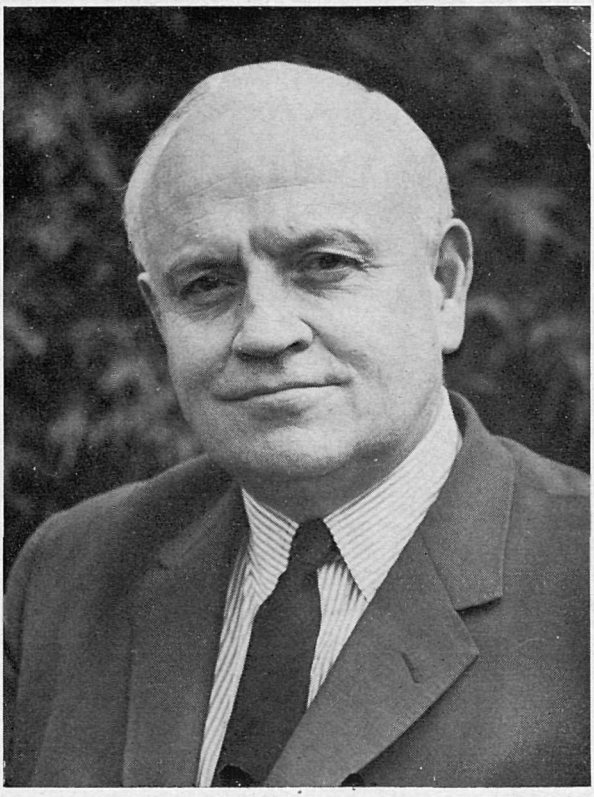
The MSSIS is not a representative body but it continues to be a forum where medical societies can exchange views. For us the conference was very worthwhile and we came away much better informed. The Clubs' Union will undoubtedly be making use of many of the ideas which we discovered at this conference. I hope that the Clubs' Union continues to make full use of this invaluable information service.

A *Gazette* reader sent us the following extract from the *Daily Telegraph*:

> A man who lost his "remarkable memory" because of bran injuries in a car crash in 1973 was awarded £46,498 damages in the High Court yesterday.

Perhaps Prof. McColl will be interested in this phenomenon.

GUY BLACKBURN



Guy Blackburn, Senior Surgeon to Guy's Hospital until his recent retirement, was appointed to the consultant staff of the Hospital as Assistant Surgeon on 5th July, 1949. Even at this relatively early stage of his career his professional record was already impressive. Educated at Rugby School and Clare College, Cambridge he obtained a First in the Natural Science Tripos, and qualified M.B., B.Chir., M.R.C.S., L.R.C.P. in 1935. At the beginning of his house appointments at Bart's he secured both the Luther Holden and the Brackenbury scholarships in Surgery, an exceptional achievement by any standard; his Fellowship in Surgery in 1937 was followed by the Mastership in 1941.

During his period of military service as Lieutenant-Colonel in charge of a Surgical Division, he served with distinction both in Italy and North Africa. During this period he was awarded an M.B.E.

A Hunterian Professorship was followed by his appointment as Examiner in Surgery first to London University, subsequently to Cambridge. He became a member of the Court of Examiners for the Royal College of Surgeons in 1962. He was elected President of the Medical Society of London in 1964 and his speech on the occasion of the annual dinner was one of the most polished pieces of public speaking the writer can recall. He accepted the post of Honorary Consulting Surgeon to the British Army

at Home in 1967. More recently he has been Honorary Secretary of the Association of Surgeons of Great Britain and Ireland, and is currently President of that body.

This impressive chronology of honours and achievement speaks for itself, but gives little indication of the incalculable contribution Guy Blackburn has made to the Hospital. As a surgeon he has brought his own skill and distinction to a wide variety of surgical techniques. The current erosion of general surgery by the surgical specialities has had very little effect on his work, since in this context he can truly be described as a jack of all trades and master of many. He has, however, made the surgery of the thyroid gland a special interest, and brings to the operation of thyroidectomy a facility and elegance that has literally to be seen to be believed. He has achieved a world-wide reputation in this field and his contribution in 1969 to the Guy's Hospital Reports, "Carcinoma of the Thyroid", was a classic.

His skill as a teacher, at the bedside, in the clinic and in the theatre hardly needs emphasis. This practical mastery has long been appreciated by his colleagues—both senior and junior—who over the years have had cause to be grateful for the vivid phraseology and forceful presentation of his surgical aphorisms. Many of these are fortunately preserved in print, since he has been a considerable contributor to a "Textbook of Surgery" of which he is co-editor with Rex Lawrie.

As to his personal qualities, nothing so far written gives an accurate picture of the character and humanity of the doctor who has been so much a part of the Guy's environment for the past thirty years. It tells nothing of his shrewd assessment of his fellows, his highly developed sense of humour, his love of sport, and his appreciation of life's "characters". It gives no indication of the many acts of kindness both to colleagues and patients which have earned him the respect and affection of a wide circle of friends.

Guy Blackburn's retirement inevitably leaves a gap which cannot easily be filled, and life at Guy's will be the poorer without him. We can only hope that he will continue to visit us frequently, offer him our grateful thanks for all his services, and wish him and his wife Joan many happy years in the future.

J. M. H.

QUODLIBET SOCIETY

Quodlibet was very fortunate to have as its guest speaker at last term's meeting that well-known personality Lord George-Brown. The meeting was held in the Tower lecture theatre (by the kind co-operation of the Dental Society) on Tuesday, 15th March, and the title of the talk was "The Advantages of being Unqualified".

The United Kingdom, Lord George-Brown said, is unique amongst European governments in having for the last few hundred years been composed of elected commoners chosen for personal as well as political merit. The concept that representatives of the people should be chosen from the people and not from especially trained candidates has, according to Lord George-Brown, produced a parliament in which the amateur legislature quite rightly overrules the professional executive or Civil Service.

Lord George-Brown, Prof. M. H. Lessof and Jane Sladden.
Photograph courtesy of Clive Legg.

Lord George-Brown widened his argument further at that point to stress that the possession of a paper qualification, such as a university degree, should do no more than prove that at the time of the exams the candidate was capable of satisfying the examiners in that particular field. (A comfortable doctrine indeed for any person who has ever experienced examination failure!)

Whilst agreeing that professional bodies should certify the competence of their potential future decision-makers, he argued that professional "membership" amounted to no more than a restrictive practice enforced for the benefit of society. The B.M.A., however, he maintained, enforced a closed shop that made the restrictive practices of the dockers appear liberal by comparison. Having thereby neatly arrived at the topic of medicine, Lord George-Brown candidly confessed that this was rather more what he intended to talk about. As one of the parents of the National Health Service, he has been concerned with its welfare since its conception. He implied that the running of the service was "spoiled" rather than "oiled" by an excess of administrators, and that the concept of "National Health" seemed to have strayed rather far from its original idealist beginnings.

As a socialist he felt that he wanted to reduce some of the glaring irregularities now seen in the service provided, but admitted that as a consumer he felt that this could be best done by allowing still a certain freedom of choice—after all, private and public medicine can live together symbiotically in the community.

After a few more comments which were related to Lord George-Brown's own experiences of medicine at Bart's (he kindly stressed that he intended no insult to Guy's in prefering the devil he knew to the one on the other side of the river!) he worked his way round adroitly to question time.

During this period Lord George-Brown's qualities as a parliamentarian were very evident in the neat way in which he parried questions from the audience and still managed, remarkably, to answer them! He emphasised the need for a new House of Lords Reform Bill and then even suggested that the life peers should lose their titles (whatever would Debrett say?).

Observing the preponderance of Guy's men asking questions in the audience, he conjectured that the Guy's women must be much oppressed, and then modified his statement by saying that perhaps in this case as in others "man embraces woman".

The talk was very well received by a capacity audience who all, I think, appreciated this rare opportunity to meet such a charming and eloquent statesman.

Future Meetings

Colin Wilson, the author, will (we hope) be speaking to the Society later this term on "The Occult". The date is as yet unconfirmed. In addition, Lord Robens will be talking to us in June on industrial relations. Other meetings may be arranged subject to demand.

A.J. and J.E.S.

THE FRIENDS OF GUY'S HOSPITAL
SILVER JUBILEE FETE
GRAND RAFFLE

1st Prize : Luxury Holiday for two—one week in The Victoria Hotel, Sidmouth.

Other prizes are : hand crocheted lace counterpane (double), large silk lampshade, Italian pottery umbrella stand, garden umbrella, case of $\frac{1}{4}$ bottles champagne, Cona coffee machine, bottle of Chivas Regal whisky, dressed baby doll.

TICKETS TO BE OBTAINED FROM:—

Mrs. A. C. Campbell,
Services Branch,
The Friends of Guy's Hospital,
Guy's Hospital, S.E.1.

Mrs. M. McGlone,
Voluntary Organiser,
St. Thomas Street,
London, S.E.1.

Tickets 10p each in books of 5 for 50p. Draw to take place at the Fête on 25th May, 1977, at 3.30 p.m.

The Fête will be held in the Park of the Grounds of the Hospital on Wednesday, 25th May, 1977, from 11 a.m. to 4 p.m. Entrance is free. As well as the Raffle, there are a Tombola and many stalls. Refreshments will be available. The proceeds will be devoted to the replacement and upgrading of the Bedside Radio Service for patients in the wards.

THE PAVITT REPORT

A COMMENT FROM THE BRITISH DENTAL ASSOCIATION

It would be surprising if, in 70 odd pages, the Pavitt Report said nothing that the dental establishment could agree with; and indeed, many of its recommendations simply endorse conventional dental causes—water fluoridation, research into dental health education, pre-registration training for dentists, more flexible arrangements for treating the handicapped. Moreover, the report's central theme—that treatment alone cannot solve the community's dental problems—is one with which it is impossible to argue. The BDA has said the same, repeatedly over many years.

But if the report gets some things right, or right in principle, it gets a lot more wrong. And in arguing its case about the poor state of Britain's dental health and the ineffectiveness of the dental services, no holds are barred. Epidemiological data are quoted out of context and opposing views are ignored or misrepresented. A few examples will illustrate the Working Party's methods:

— Referring to the results of the 1968 national survey of adult dental health, their report says: "People who went regularly for dental treatment did not have a big advantage dentally over those who went irregularly." In fact, the survey showed the average irregular attender with 13.2 missing or unrestorable teeth, against 7.8 for "regulars". The survey's authors concluded: "It cannot be stressed too forcefully that attendance pattern and treatment play a very large part indeed in people keeping their natural teeth." The Working Party ignore this, however, and suggest a comparison of regular and irregular attenders based on the number of sound and untreated teeth. In a survey without X-rays or surgery lighting, this is measured a good deal less reliably than tooth loss, as the 1968 survey's authors recognised. But the small advantage which such a comparison gives to irregular attenders (1.6 teeth) fits the theory, so this is the finding which is emphasised.

— Discussing the extent to which people experience dental pain, the Working Party say confidently: "Each year adults each suffer three days of toothache". But this is based, not on a national survey, but on a sample of 236 recently-pregnant women and their husbands, in a small town in South Wales, over a period of one month. Is it reasonable to draw conclusions about the adult population as a whole from such a survey? The authors of the original report certainly did not do so.

— The Working Party regret that salaried practice in health centres has attracted only a few dentists. They attribute this to "discouragement and obstruction" from "the major dental association", which is accused, among other things, of warning dental students by letter against this type of employment. The BDA's policy on health centre practice must be well known to most of the profession, if not to the Working Party. The Association has no objection to salaried practice and negotiates on behalf of the practitioners involved. It does, however, advise against independent contractor practice in health centres where an economic rent is being paid, because of restrictions on practitioner freedoms. The BDA has never warned dental students against salaried practice, and it is surprising that anyone could believe that it had. The mistake could have been avoided with a telephone call, but the Working Party preferred to cling to their myths.

Talking about wastage of resources, the Working Party says that GDS

examinations are "usually" accompanied by two intra-oral X-rays. But it can be simply checked, from figures published annually, that examinations without X-rays outnumber X-ray examinations by about 5 to 1.

These distortions are typical of many in the report, and most would be quickly recognised by readers familiar with dental matters. But the Report was not written primarily for a dental audience. It was written to influence a Royal Commission, and the inclusion of five MPs in the Working Party's membership guarantees the Report wide discussion in lay circles. How many non-dentists will have the stamina to check its conclusions against the facts?

But to say that "the facts have been distorted" is not, of course, to say that all is well. The self-styled "regular" attenders have indeed lost too many teeth, and too many people suffer from toothache. But how is the situation changing? Most dentists with experience of practice over the last 20 or 30 years would say that there had been a major improvement in dental health standards. The steady decline in the number of teeth being extracted must surely have resulted in increased life expectancy for teeth. If half of the 8–14 year-olds today have never experienced toothache, the same could certainly not have been said 30 years ago. But statements such as these are no more an objective assessment of the situation than the Working Party's own assertions. We need more information.

The truth of the matter, as the Working Party accept in one of their more lucid movements, is that "there are no worthwhile longitudinal studies comparing patterns of tooth loss and amounts of pain and suffering of people who have had treatment and those who have not". The BDA has repeatedly urged that national surveys of dental health should be repeated at regular intervals, so that the effects of the dental services can be assessed and future developments planned on a rational basis. It is strange that the need for further national surveys is not mentioned in the Working Party's 37 recommendations. But their minds are made up, of course. The facts would merely confuse.

ALICE IN THE CREVICE

D. W. MacFarlane

Alice was swimming near the bank of a wide river. At intervals there were signs on the bank which gave the traveller useful bits of information. One told her that this was the River Crevice so she presumed that she was somewhere in Europe—say France, or Italy. She was swimming upstream but there was only a slight flow against her so she made good progress in spite of the debris floating past. Here and there she recognised some desquamated cells, and there were indefinable objects—vague, shape-changing, untouchable things. "Were these polymorphs?" wondered Alice.

On the opposite bank she spotted a sign, too far away for her to read it, so she got out her field-glasses to look at it. Keeping the glasses still whilst treading water was an unexpected difficulty but with perseverance she could make out a plaque, fixed to a palisade. It announced that here was the birthplace of the inventor of calculus, Napier. "Well!" she said aloud, "now I know. All those theories in the books, about carbon dioxide loss and so on, were wrong. There was a *man* behind it all! " She put the glasses away in a false pocket and started to swim again but she felt tired and when a large passenger boat overtook her she gladly accepted a lift. As the

boat was called "Lacuna" she decided that she was in Italy.

She was glad to sit down and enjoy the smooth silent power of the boat. Quite soon she found herself at a river junction where the Crevice was joined by the river Ligament. Here the buildings on the river bank were made of cement and instead of glass for windows, they had pieces of enamel. "How curious," Alice thought, "I always thought enamel was coloured." They soon stopped at a landing place where a sign announced: "This way to the Amazing Complement Cascade." Alice was very tempted —she could hear the splashing water and some muddled musical notes. She heard middle C and top C, and so on, but they seemed to be in the wrong order. While she was puzzling over this the vessel drew away and she had missed her chance. However, in a short time the boat slowed down and she was tied up again. Alice looked for the sign giving the name of the place— it was strangely familiar—"Malassez". "But surely that's French," she thought, "whereas I supposed I was on an Italian river. Perhaps I'm in Switzerland." She looked around but she couldn't see any mountains, but suddenly, reassuringly she saw standing on a raised part of the landing stage, her Italian friend Al Dente. "Hi! Al, you're on a dais," she called, because she couldn't think of anything more useful to say. But he didn't answer: he just wrote something on a piece of paper, crumpled it up and threw it over to her. She flattened it out carefully as the boat pulled away and wasn't really surprised to read: "Recipe: Spag. Bol. three times a day. Signed Al Dente." This reminded her that she really was hungry and so she went below to the saloon and ordered some spaghetti and a bottle of Chianti. Whilst eating her meal she looked idly at the label on the bottle. "This bottle contains one titre." "Ah well," she thought, "I suppose this is Italian style metrication."

When she went on deck again she found that they had reached a most exciting part of the river, which had narrowed considerably. The current was strong and the curved banks were eroded into curious concavities. "How ships can navigate in places like this, I can't imagine," Alice said to a member of the crew. "Don't worry, madam," he replied, "we never hit the bank." But in a moment this was just what they did. Fearing to be drowned Alice jumped for the shore. She landed on a small grassy patch but all around her was close-knit scrub. She found a nearly obliterated footpath and by pushing aside some overhanging branches she had made a few yards progress when a voice above softly asked "What do you think you're doing?" Alice couldn't see the owner of the voice but she answered quickly "I'm opening up pathways not normally used"—then she stopped—it was rather an inflammatory remark. No reply came so she pressed on. It was not difficult to force her way between the bushes but as she got deeper into the scrub the light gradually faded and she was afraid. To comfort herself she tried to recite some poetry:

On my left in osteoclastic spasm
Some multinuclear cells enlarged a chasm.

This didn't sound right and certainly didn't comfort her—so she tried again:

All anti were the lymphocytes
and podia outgrabe.

That didn't sound right either, so she went on silently. Soon she heard a sound coming from the undergrowth, a sort of scratching sound. A few steps further on she could see the maker of this noise—it was Eppie, her

Continued on page 108

EGON'S RUNAWAY GUIDE TO SPIT FOOD

R. H. Dobson

Having spent the Easter vacation at Guy's Hospital and suffered the pathetic attempts at catering offered by both Upper and Lower Spits, I feel that I must voice my opinion if no one else is prepared to (this year!).

It seems that every year someone gets up and tries to effect improvements in East Wing catering. These are promised but never realised. The Upper Spit may be judged in its success by the number of people who use it. Remove the staff and the residents and what have you got left? It is obvious that the demand is for a good snack bar for Guy's students. The Lower Spit does not fulfil this role.

I have eaten in many university snack bars and am ashamed to say that the Lower Spit is a disgrace to Guy's Hospital. For the uninitiated please don't read any more but sample Spit food for yourself.

In the past week in the Lower Spit between 12.45 and 13.00 there have been no rolls or sandwiches but luckily (!?!) a few ropey old chips, a few greasy cold eggs, baked beans (which are a speciality of the house) and some pathetic attempts at sausages. Admittedly this was during the Easter vacation but there was still a reasonable number of people using the Lower Spit and surely when quantity is not required quality should improve—so much for the menus.

It seemed almost at one stage that there were more staff than rolls and sandwiches available to students at lunch time . . . but I might have been mistaken. I cannot believe that a profit-making sandwich bar in Borough High Street can give better variety and better value for money than what should be a non-profit-making Lower Spit. What is going wrong or need we ask?

Last year attempts were made to cut losses, and lighting was kept to a minimum in the Spit. On many occasions I had to fight to see what I was eating. (Was it worth it? I ask myself) if we can't afford lighting I suggest that we all pack up and go home. Nothing is gained by making token gestures, something drastic is needed and will only be initiated by the students of Guy's Hospital. If we don't do something about this problem no one else will. But of course apathy rules O.K. at Guy's Hospital.

Continued from page 107

lisping Sealyham, mad-migrating to reach the apex of his desire. Like broken reeds the rotted collagen collapsed, yielding to the canine enemy. Then she became aware that the cement wall on her right was moving inexorably towards her, threatening with mighty mesial drift to squash her against the crumbling bone. What was to be her fate? To be a speck of granulation? To be washed away down some lymphatic drain? Surely either was a fate worse than bad breath.

Oh! What a relief to wake up, even with a nasty taste in her mouth. Alice got out of bed and braving the dark and cold she went to the bathroom and brushed her teeth and gums thoroughly. As she got back into bed she vowed that she would never again neglect her nightly oral hygiene.

HISTORY OF LEG ULCERS

Andrew R. Johns

Since man first assumed an upright stance
The pleasures of running, the walk and the dance.
Though derived from his crawl on animal-fours
Were spoiled by the advent of festering leg-sores.
The earliest reference to dermal disease
Recommended the bark of medicinal trees,
Should be ground to a paste with honey and butter.
From 600 B.C. wrote the Hindi Sushraiter,
"Smear the lint on the sore, and then bandage fast".
But whether the patients or ulcer died last
Is not described in his medical lecture.
And in an age of no follow-up—'tis only conjecture.
Hippocrates taught that the price of our sins
Were the ulcers that sprouted on Hellenic shins.
Though seen to occur with varicose veins
The escape of bad humours gave laudible pains.
Having proposed an aetiology
That relied on the Gods, and also psychology
Our Grecian made his diagnosis
And cured by causing vein thrombosis.
Galen performed, the earliest vesselectomy
By vein excision, with hook and cautery.
A further refinement by Paul of Aegina
Was high ligation of the long saphena
Followed by ample surgical dressings
Elevation and some pious blessings.
When near two thousand years had followed
Trendelenberg this technique borrowed.
An example of how surgeons great
Improve but do not innovate.
In A.D. 900 Avicenna the Persian
Said healing prevents the humour's dispersion
Leg wounds should fester (if you would live)
An ulcer is only the soul's purgative.
Said Ambrose Paré—French physician
"Varices are seen in men of disposition
Melancholic and petulant—inclined to whine"
Were his patients like this, in 1579?
Women also featured in his speculations
"Menstrual blood," he said, "after many gestations
In the vessels of the leg is prone to collect
Varices and ulcers may these ladies expect".
Note that in these Frankish theories
Paré little knew how near is
Facts from theory's separation.
Ulcers and pregnancy, may yet be in relation.
Charles White (Mancunian) of 1784
Said foetal pressure upon the pelvic floor
By obstruction of the vessels that the lower limb drains
Effected ulceration and varicose veins.
In the early 1820's, Sir Astley Cooper (Bart.)
Recalling Paré's views, said menstrual ulcers start
From any cause that leads the periods to arrest.

Now Puzos the Italian paid attention to the breast.
Milk he claimed, pooled throughout gestation
In uterus and leg veins, provoking ulceration.
These misled men—their thoughts were out of date.
For as Harvey had written in 1628
Published in London as "De Mortu Cordis"
Of Medical science the earliest treatis
He outlined the return of blood to the heart.
Thereby indicating how ulcers could start.
Realising that the defect lay in the circulation
Wiseman used the term "varicose ulceration".
Hodgson and Home of 1815
Knew that ulcers healed slowly—if varices were seen.
John Gay and Spender wrote in 1868
Thrombosis and ulcers, are often associate
Tho' as Gay remarked from his own observation
Varices and ulcers have no causal relation.
Venous and arterial ulcers (terms he introduced
to illustrate the lesions that pathology produced).
Hurrying over more recent years
Gay's work was discarded, new theories appear
The juvenile science of arteriography
Whole journals devoted to deep-vein-ology
Modern studies of microhistology
Have still not unearthed leg-sores aetiology.
With the advent of artful medical crafts
Antibiotics and thin skin-grafts
Has treatment advanced past that of the Greeks?
When we elevate the leg, and bandage for weeks
Dare we summon the exorcist Hippocrates
To cast out our humours, and end this disease?

Though somewhat poor in terminology
That ends my tour of dermatology
If some should think ill of my verse
Remember—arid prose is worse.

THE SPIRIT IS WILLING

The tormented thoughts of Christ in the garden on the eve of his passion and death.

Insomnia crept upon me, in my early morning dream,
And though awake in darkness, light shone, or so it seemed,
And physical surroundings were dead, but for my sense,
Escape, escape!—I tried to, but the heat was so intense.
I travelled with no knowledge.
Motion? I saw no place!
But straws of sleep on wings did race
And struck their blows—my bleeding face!
Spirals, climbing, hide me now,
In my struggle to survive,
They ascend, my thoughts descending
Confused in steps and never ending
Torment my eyes, my vision, bending,
Destination, hear my strife!
A shaft of peace to earth, soft raining,
Broke its path to touch my brow.
I fell upon my knees, still straining,
Gazed at minds, how great art thou!
And peace, still soft on earth was reigning
In my hands my time now draining
All the sands, what hope remaining?
But for my faith . . . am I yet feigning?
"What is this light," I cried aloud.
The answer fell from Heaven's cloud
To pierce the presence of my shroud.
Then death was life; the one I chose,
The sun's thorns bled as I arose.

Eugene J. Hughes,
1st Clinical Year.

PHYSIOTHERAPY

"STAY LOOSE"

The Madame of a whore-house in a Steinbeck novel gave a definition of good posture which should act as a corrective to all those of us parents who tell our children to sit up straight and keep their elbows off the table, and to all physiotherapists and kindred professionals who think in terms of "good" posture. She said, in effect, when giving a dressing-room prep-talk to her team, that if a girl, supine and in, shall we say, a receptive position could still look like a lady, then she had good posture.

That, is seems to me encapsulates the underlying principles of posture, that it should be natural, functional and graceful. True, gracefulness or elegance are subjective concepts, but naturalness and function should be objective enough in all conscience.

You may recall the dictum of an orthopaedic surgeon whose definition of good standing posture involved such difficult propositions as drawing in one's abdomen as if the navel were buttoned on to the lumbar spine, and tightening one glutei such that a sixpence (two-and-a-half penny piece for younger readers) could be clenched between the buttocks. An odd concept, you might conclude, and certainly a pair of premises which would quickly put Steinbeck's Madame out of business after the initial curiosity value had died away. I recall that one was adjured to practise this postural oddity while queuing for the bus and in similar public situations, and can only hope that not too many people took the advice seriously.

Where the whole concept falls down is that it sees posture as a rigidly held, immoveable attitude rather than a constantly shifting series of body positions. To revert to the bus queue, an observer noted that no individual held a static posture for more than half a minute, and it is only in abnormal situations, such as the Queen's Birthday celebrations on the Horse Guards' Parade or some clandestine presence in a more private but illicit circumstance, that one holds oneself rigidly still for any measurable length of time.

What signifies more is efficiency in terms of body mechanics, and the smoothness with which changes of position are executed. We must consider the intricate system of levers and the structures which control them, and the varying loads that everyday activities impose on this linked series of functional parts and bear in mind the twin motions of natural capability and functional use with the understanding that the two must be compatible if abnormal strains and subsequent development of symptoms are not to become apparent.

We have got away from the drill-sergeant/P.T.I. interpretation of how to stand and move, and perhaps have swung too far towards the loose, slouching stance, but here we come up against the subjective element of elegance or in Madame's words, looking like a lady. It is important that we should be as little rigid in our thinking as are the vertebral columns of our younger patients and colleagues.

R. J. COOPER.

NURSING

NURSES AND THEIR EXAMINATIONS

A few weeks ago, the results of the most recent state final examination were published by the General Nursing Council. For many these results brought the pleasures of qualification, but for a large number they pronounced failure.

It is of course a fact of life that someone has to fail, but over the past year the numbers so doing have been increasing quite markedly. This is causing much questioning on the part of the candidates, and much heart searching on the part of their tutors.

The General Nursing Council does not have a reputation for being helpful, but more for being authoritarian and obstructive. They are therefore unwilling to give advice to anyone who seeks it, or even to discuss teaching programmes. Should however they be considering more stringent assessment of these in the light of recent events?

There is now a definite opinion amongst student nurses that the results of the examinations are being adjusted in order to ensure that there are less qualified people available during this present time of economic crisis and rising unemployment. They are convinced that those who mark papers are being given instructions to this effect, and that the results are politically engineered. No comment has come from the Council, who do of course leave the problem of answering these criticisms to those who have to work with the students. Maybe they would find it a salutary experience to discover what is being said.

For those who teach nurses there is much concern about the results, and the proficiency of all staff in hospitals to teach the students. In addition they are also questioning the standards of those who mark the papers, and the methods of selecting these people.

With regard to the first question, it seems that the Council are quite unprepared to give any guidance whatsoever as to the proficiency of teachers, or the content of training programmes. As far as the second query is concerned, the problem is considerable. It is well known that many of those who mark papers do not update their clinical knowledge, and that those working in teaching hospitals are out of touch with the practices of others. Furthermore, the selection of examiners is minimal, due to the fact that there is such a shortage of people who are willing to undertake what amounts to a great deal of work for very poor reward, which, for practical and moral reasons has to be completed in their free time. One wonders therefore if the time has not come for reassessment of these people.

It is well known that examinations are not the ideal method of assessment but it does seem that at present the one employed for nurses is long overdue for serious reconsideration.

BOOK REVIEWS

The Johns Hopkins Atlas of Human Functional Anatomy. Illustrated by Leon Schlossberg and edited by George D. Zuidema. Pp. XI + 108, 44 Plates mostly in colour. £4.95 (limp) and £9.50 (hard backed). Published by Bailliere, Tindall.

Leon Schlossberg and George D. Zuidema are respectively Associate Professor of Art as Applied to Medicine and Professor of Surgery in the Johns Hopkins University School of Medicine; and while they are primarily responsible for the ultimate format of the volume, its illustrations have been supervised and its topics textually described by no less than twenty of their colleagues, representing almost as many clinical departments. The accent is largely upon applied topics, and the volume cannot claim to general coverage of human anatomy and physiology. Nevertheless, coverage is wide and much care has been taken to include as much essential information as possible. As a primary text in human structures and their activities it is, of course, inadequate; but as a companion book, both before and after the start of clinical studies, it has very considerable value. The illustrations, especially those in full colour, are excellent in technique, but the more diagrammatic pictures are executed in a much less attractive style (e.g. those on the brain, endocrine organs, skin, etc.). The use of colour in some of the "representational" illustrations may be thought arbitrary by some; for example, autonomic nerves are shown in green (in effect, a most helpful convention), and bones are somewhat inconsistently white, yellow, grey and even mauve! It is, however, the text which attracts real criticism, for the illustrations do what can be expected of them. But the text is much less "functional" than is claimed in the book's title. It is, of course, an impossible assignment to dismiss the skeletal and muscular system—and arthrology—in 10 pages, four of which are full page illustrations. Nothing much of value is said on function in these sections; the femur is still the "longest and strongest", the ribs but a cage. Ligaments and bursae are unexplained. Other sections could be similarly criticised, but naturally those of chief interest to the "internist" lend themselves more obviously to functional treatment. Considering the amount of medically applicable information in the text, one must assume that the "atlas" is intended partly for medical students. In any case, the uneven treatment of the body make it a questionable volume for those with no other sources of information. Of the 108 pages, no less than 64 are text. Perhaps the inclusion of more illustrations would have been an advantage; the locomotor system is given only four plates. All the muscles and joints of the body are compressed into two plates, while a whole page is given to the larynx. Fortunately the book (in limp binding at least) is not over-priced, for it could only be regarded as an adjunct to books of wider coverage.

Unfortunately, the text is medically minimal and biologically inadequate; but those topics which have been allowed adequate illustration are good and sometimes excellent.

ROGER WARWICK.

A Short Textbook of General Practice. Third edition by Denis Craddock. Pp. 756. Price £12.00. Published by H. K. Lewis.

This book has developed through three editions into a text book with the associated hazards. It is a triumph for one family doctor to write a whole book, but it is arguable that only a genius can spread himself usefully beyond a monograph. Dr. Craddock, Honorary Librarian of the Royal College of General Practitioners, is at his best when personal and prejudiced, as in the sections on doctors and patients, normal development and behaviour and the patient with no organic disease. There is a fine note of personal iconoclasm in the chapter on screening in General Practice. He is at his worst when he attempts the encyclopaedic as in ante-natal care, fractures, therapeutics and the acute abdomen. The description of the correction of retroversion (p. 675) must be a contortionist collector's piece and he should spare the blushes of the midwives of Croydon (p. 173). I would advise the reader to be especially wary of the chapters with few references and many sub-headings.

A student on general practice elective, or a vocational trainee will gain insight to the life and attitudes of a good general practitioner. The book tells you a lot about general practice and about Dr. Craddock. He reads widely, he is tolerant and can produce an opinion on almost any topic. When he writes with enthusiasm and authority as he does about the prevention of hypertension and obesity he is excellent and recommended reading. Dip into the rest for a refreshing change of attitude and emphasis.

Names of authors who are general practitioners appear in heavy type—a charming inverted idiosyncrasy which merits a plaudit from this general practitioner reviewer.

DONALD CRAIG.

***Community Services* by Barefoot & Cunningham. Pp. 284. Price £2.95. Published by Faber & Faber.**

Have you ever heard of AIDS[1] or CHANNEL[2]? If you are no more omniscient than this reviewer, the answer is no. However, you can look up these and many other queries in this gazetteer-cum-mini-encyclopaedia of the Community Services. Under this title the authors have included the obvious information about the N.H.S. and its services, its personnel organisations and also the specialised groups which do so much to help the chronic sick, including the organisations run by the patients themselves, like the Colostomy Welfare Group and the Multiple Sclerosis Society. Curiously, the British Diabetic Association, the first of such associations is not mentioned; nor is the Coeliac Society.

It should be noted, not as a criticism, that the authors' choice is rather idiosyncratic. Thus the bed bug gets a whole page to itself, while the Education Welfare Services doesn't even get one line. Nevertheless, it is a most useful handy reference book for anyone seeking information about the very wide range of statutory and voluntary organisations operating in the domains of health and social services, as well as the recent legislation affecting them.

R. J. JARRETT.

1. Advice and Information for the Deaf.
2. Centre for Help and Advice for Newcomers to Nursing Education and Life in the U.K.

CORRESPONDENCE

Pavitt Report

Sir,

"Compared to the disappointing results of dental treatment, prevention has been generally shown to be effective. There is abundant evidence that dental caries and gingivitis can be prevented and the progression of periodontal disease controlled."

So with excellent reasons opines Dr. Aubrey Sheiham and few dentists would quarrel with him.

Where however his report does a disservice to those of us who practise preventive dentistry is by implying that regular attendance is in itself not a good thing.

Practising prevention is largely a matter of teaching a certain behaviour to people who want to learn how to keep their teeth for life. For this reason a dentist needs to see his patients at frequent intervals. The implication that patients should be seen less frequently than twice a year is not helpful. Many patients benefit from being seen at four and even three monthly intervals. This is particularly so in the case of young children, and of patients suffering from periodontal disease for whom preventive care is designed to arrest the progressive loss of alveolar bone.

Dr. Sheiham's edict has been misunderstood by some of my patients who look upon prevention as treatment. I am sure it was not his wish to make them question my good intentions.

Yours faithfully,
Gordon L. M. Williams.

28 Thames Street,
Kingston Upon Thames.

Sir,

The Gazette is to be congratulated upon giving us a preview of the Pavitt Report's consideration of the dental scene.

Amongst those who qualified before the Second World War there will be considerable agreement in principle with the recommendations and investigations to be found in the second part of the Summary. Books could be written on the subjects which come to mind: Tristan da Cunha; the Danish reports on the spread of dental caries around the west coast of Greenland; refined carbohydrates and sugars; poverty; the appalling condition of new entries into the Services in that War; the excellent records of the School Dental Service in Jersey during the Occupation; the advent of fluoridisation and the now-accepted need for dental education at all levels.

The findings in the first part are however depressing in the extreme and one is tempted to ask why they have felt unable to report one single gleam of hope; for the plain fact is that success, although on a regrettable small scale, can and is being achieved in many practices. "The number of sound untreated teeth as a measure of well-being" is a false premise on which to base the success or otherwise of dental treatment, "sound untreated teeth" are more dependant upon the measures of general health outlined in the Summary's second part than by treatment in the surgery, although this also has its place.

The absurdity of comparing the prevalence of dental decay in children in "the

Midlands" with those living in "Wales" and relating it to a dentist-population ratio does not deserve comment.

We must never allow the politicians to divorce Dentistry from Medicine as a whole, for like Medicine, Dentistry has its foundation in General Practice and family care. It is a caring profession or it is nothing. Even with the present conditions of "Western Civilisation", if proper care is given, children can and do enter their twenties with healthy, functional and pleasant looking mouths nor do they suffer toothache. Unhappily this state of affairs is not for all children nor can it be until all parents want it sufficiently.

The high price of caring has to be a two-way total commitment between parent and dentist. It is essential that children should be seen at least two or three times annually and parents must want and insist, against all life's difficulties, that this is so. X-rays must be taken at desirable intervals and orthodontic treatment carried out if necessary; dental hygiene instruction, education and fluoride treatment accepted as a matter of course. If this is done it is possible to give a young man or woman a dentally fair start in life. The chances of a life time with their own teeth will in most cases be open to them.

Perhaps that is a little progress after all.

Yours faithfully,

R. D. Plowman.

7 Harcourt House,
19a Cavendish Square,
London, W1M 9AD.

Kill or Cure?

Sir,

I read Dr. Sheiham's summary of the Pavitt Report with interest and was amused to find that patients who attend the dentist's surgery irregularly are "better off" than those who attend it regularly.

It might just be that people with teeth which are more caries-resistant do not have pain and therefore do not seek treatment.

My aunty attended hospitals regularly for cancer treatment and eventually died. As yet, I have not died and believe it or not I have never attended hospital as a cancer patient.

Yours faithfully,

W. M. Sheeran.

262 Portland Road,
London, SE25 4SL.

Residents' Plays — then

Sir,

I read with pleasure and amusement the letter from my old friend and colleague Geoffrey Hammond published in the *Gazette* dated 26th March, 1977. However, for the record and for the sake of accuracy I must point out that the first post-war play in 1947 was called "Wizard Show, Chaps!" or "The Corpse in the Museum" and not "Don't Go Down the Mine, Daddy!" as stated. I played Percy Prang, one of Sir John Bonnybear's ex-R.A.F. ward clerks, and all the residents at the time found great fun in re-introducing this fine traditional entertainment.

A history of the Residents' Plays and a full review of the 1947 offering with lyrics was published by that excellent teacher and surgeon the late Mr. Wass in the *Gazette* dated 7th June, 1947. I should be happy to present you with my now somewhat scruffy copy which I have unearthed if you do not possess one.

Yours faithfully,

Gerald J. Amiel.

"Courtlands",
67 Hayes Road,
Bromley, Kent.

Editor's note: *We would be most happy to accept Mr. Amiel's kind offer of his copy of the* 1947 *"Gazette"—unaccountably gone missing from our archives.*

— and now

Sir,

The Residents are pleased to be able to inform you that there will be a Residents' Play this year. It will take place in the Greenwood Theatre on 12th, 13th and 14th May at 8 p.m. Tickets will be available from the beginning of May.

Seats can be reserved in advance by writing to me at the address given below, and these will then be distributed in due course.

We look forward to the pleasure of your company in May.

Yours faithfully,

David B. Jeffreys.

D. B. Jeffreys,
Box Office Manager,
c/o East Wing.

Students' Bar

Sir,

Two months ago the Clubs' Union Council set up a steering committee to look into the possibility of enlarging the bar in the East Wing by moving the billiards tables from their present location to the table tennis room. Later the committee was asked to look into other possibilities of increasing the use of the East Wing.

Two years ago under the leadership of Peter Watkinson this was looked into briefly but went no further than the council "because of the great expense involved in drilling holes in the table tennis floor" and also because the waterproofing seal would be broken. This procedure has been avoided under the present administration as structural records will be referred to instead.

The issue seems to be one of many sides: "Firm dinners cannot be held in the table tennis room" or "In two years another group of students will come along and move them back again". As the decision is primarily one for the students to make: one of how they want to use their own premises, a referendum may be held in June. Information will be posted throughout the Hospital in order that students may make a considered decision.

I would be very interested to hear from anybody on this issue particularly those who made the original decision to put the billiards tables in the rooms where they are. The final decision must be made with all the available information.

Yours faithfully,

David Denning.

East Wing,
Guy's Hospital, S.E.1.

Rose-coloured view?

Sir,

"There is humour in all things and the truest philosophy is that which teaches us to find it and make the most of it."

So bully for N. P. Chandler (Guy's Gazette, March 1977) who acknowledges the need for eye protection and a bonus for getting a giggle out of it.

In my undergraduate days it was known that items made for everyday wear and tear have a lifespan which is drastically curtailed when handled by the average dental student. A shortcoming mysteriously rectified on qualifying. Perhaps because the personal pocket also qualifies thereafter.

If only one pair of dark glasses out of 250 issued is broken so far, this is not bad going. Anyone who can provide them at a price competitive with £2 for 12 pairs should inform the Dental Administrator post haste.

Speaking from my experience, patients offered a choice between clear or tinted specs usually choose the latter. Other dental hospitals also favour the tinted variety. Responses to discomfort are not totally masked.

With one hand on my heart, I can honestly say that nervous patients feel less apprehensive if my eyes are on the tooth which I am filling, rather than peering into their pupils. My tongue of course remains firmly in contact with my cheek.

Yours faithfully,

M. L. Maberley.

Dept. of Conservative Dental Surgery,
Guy's Hospital, London, SE1 9RT.

Donald Overend

Sir,

It is probable that there are not many erstwhile dental students of the 1920 era who remember Donald Overend. He was a fine type but was somewhat debilitated after four years as a prisoner of war, and was not able to continue his training.

I did not meet him again until 1967 when he had retired to Tinkleton, Dorset. Shortly afterwards his wife died and later he was seriously troubled with paralysis but a kindly neighbour Mrs. Eady, took him in and looked after him. He is now in Damers Hospital, Dorchester, and reports that he is being well looked after but I am sure that he would welcome visitors.

Yours faithfully,

E. A. J. Bradley.

199 The Gateway,
Dover, Kent.

Seen Outside the East Wing: or **Beware, MCQ's are taking over!**

"Computer diagnosis keeps me fit"—on a car, not on its owner.

SPORT

SOCCER

2nd XI 1976-77 Report

The second eleven has enjoyed a splendid season even if they did not actually win any trophies. Just promoted from Division Four of the U.L.U. League, the team was never expected to do as well as it did.

With a total of four new freshers to balance last season's team, the first half of the season went splendidly. Although the rain cancelled many matches, the team played eight games and won seven of these. Notable victories were the 6—5 victory over London IIIs and the 7—1 victory over UCH IIs. Just before Christmas the United Hospitals Cup from the season before was played. Guy's were playing King's IIs in the final. In appalling conditions, Guy's were beaten 2—0 by goals in the last fifteen minutes on a day when they never lived up to their form of earlier games. Of the freshers, Mike Breeze and Ken Harper with Dave Greenaway all made immediate impressions and became an integral part of the team.

In the second half of the season, Guy's started very strongly, beaten only once in eight games, in a very close game with leaders QMC IVs 4—5. Notable results were the 5—0 thrashing of London IIIs and the 6—3 victory against Bart's IIs in the semi-final of this year's U.H. Cup. Unfortunately two poor results against Chelsea IIs and a loss in the UH Cup Final to a London IIs team that paraded an impressive array of first teamers shattered the team's confidence. Losses in the last two league games of the season ruined all chances of promotion. However, the last game of the season was the semi-final of this year's UL Cup. Guy's beat London IIIs 3—2 after extra time to complete an impressive hat-trick of victories over the club this season.

The football played this season has often been of the highest standard seen at Guy's for several years, and the spirit shown by all the players has been superb. Defensively, Guy's let in 49 goals in 23 games which is not bad at this level. Robin Evans who is improving greatly and his stalwart defence must claim the credit. Neil MacLachlan, who has had a magnificent season, and produced more injuries than World War Two, along with the cultured Jon Jed, Richard Trembath and Ken Harper, the master of the timed tackle, have battled every game. At the other end the forwards scored 109 goals including 62 from Jonathan Earnshaw—he has scored 100 goals in two seasons. He, Mike Breeze and Keith Underwood with support from Graham Smith produced an attack which played very high quality football and scored some goals which would make goal of the month look like blow football. Mike and Keith are both excellent attacking wingers, whilst Mike takes superb corner kicks which always endanger the opposition.

The midfield is where matches are lost and won. Superiority there is essential for good soccer. Both Dave Greenaway and Dave Smalley have showed they can dominate when they want. Dave Greenaway will be a magnificent player when he learns how to play football concentrating on his own game. Past captains Messrs. Miller and Hunt also demonstrated they can still show the youngsters how to play, when they turned out.

The secret of any team's success lies in its depth of talent and enthusiasm. The second team squad was the largest for years and one of the most praiseworthy aspects of the game was the keenness of those just outside the team. Gary Calver, Gerry Hackett, John Harrison and Paul Revell all filled in well and are an integral part of the team. Thanks to them all.

The highlights of the season have included such memorable moments as the barrow escapade on Waterloo, the winning goal against London by Keith Underwood ("I had my eyes closed") in the UL semi-final, two enjoyable cup finals, the 11—0 destroying of Royal Free and many other social events. I wish I could tell you more about the Waterloo escapade.

Summary

League—played 16, won 11, drawn 1, lost 4, goals for 81, goals against 34, points 23.

Cup—played 7, won 5, lost 2, goals for 28, goals against 15.

Appearances (goals in brackets)

R. Evans 19, K. Harper 18, J. Jed 20, R. Trembath 13, N. MacLachlan 19, G. Calver 9, G. Hackett 6, P. Hunt 7, D. Greenaway 18 (6), D. Smalley 10, T. Miller 10, G. Smith 18 (9), M. Breeze 17 (10), K. Underwood 15 (10). J. Earnshaw 23 (62) (capt.).

J.J.E.

HOCKEY

Annual Past v. Present Hockey Match

In a most enjoyable and competitive game, the Past lost 2—1 to the Present. It was a very competitive match, largely due to the welcome appearance of some younger faces in the Past side. I only hope that they and others recently qualified will continue to give their support to the game.

The game was played in four quarters to give the whole of the Past squad at least three-quarters of the time on the pitch, in rotation. Thus the Past side could draw on fresh reserves of energy at appropriate times.

The first quarter saw the Present side on top, with thrusting runs by D. Jones and S. Flint, creating havoc in the Past defence. They were unable to turn the advantage into goals, thanks to some decisive goalkeeping by S. Martin, who filled in for the Past when they found themselves without a goalkeeper. Many thanks to him, especially as he played so well.

In the second quarter, the Past counter-attacked and the quarter was much more even, but there was no score at half time.

The Past inspired by I. Phoenix at centre half, and with S. Averill and R. Burns providing a very thrustful right-wing pair, took the lead, early in the second half. D. Crafts converting a short corner gained by S. Averill's perseverence. This spurred the Present side, who gradually took more control of the game, and equalized when S. Flint pirouhetted around the circle before scoring with a reverse stick shot.

The Present continued to apply pressure and scored the second goal in the last quarter following a defensive error. The Past side were galvanized by this and the game swung from end to end, but they were unable to force an equalizer, thanks to a defence marshalled by C. Hendy.

For the Past every player played his part but I would like to mention particularly Martin in goal, the two Crafts brothers and Phoenix in defence, with Burns, Averill and J. Vafidis proving most dangerous in attack. Thanks to C. J. Hunter Craig and M. Knight for umpiring.

The teams adjourned to the Bar to reminisce about chances missed, and G. Sparrow showed that he can still live up to his old form.

It was a very enjoyable day, and thanks must go to Eric Dann and family for all their hard work and good food.

Past: S. Martin, G. Sparrow, S. Averill, A. Kingdon, D. Crafts, J. Crafts, R. Burns, A. Smith, A. Gillham, I. Phoenix, J. Vafidis, C. Pearson, D. Silk, M. Appleby.

Present: J. Pascoe, M. Harris, M. Craigen, S. Cunningham, J. J. Horton, C. Hendy, G. Saward, D. Jones, S. Gulamali, S. Flint, D. Keable Elliot.

BOAT CLUB

Head of the River Race 1977

Guy's Hospital Gentlemen's Eight

A wet blustery day greeted fourteen kneecaps that are all too seldom revealed these days. The other four, two belonging to Macdonald of Glencoe and two to the enobled Skuse of Welwyn, remained hidden throughout.

The gentlemen, including one from the London Hospital and one from Barclays Bank, assembled in fine tradition at a hostelry well upstream from the start, allowing a few minutes walk in the cold air to resolve their priorities before embarking.

The start was faultless except that the Oxford second eight, starting twenty seconds behind, had disappeared from cox's view before we had completed a minute's row. Valiantly the crew struggled to hold several top-rated continental crews and passed a few ribald comments to returning eights. Our progress was halted temporarily outside Harrods Depository (up for letting and now empty) for refreshment. It was now that the gentleman at six injured himself by chipping a tooth on a bottle that had something in common with a famous tea clipper. This last event was recorded over the public address at Putney.

A strong finish marred only by four crabs and we turned in 358th. Stroke, after a previous year's attempts at underwater fishing, breathed a sigh of relief as did our noble cox to whom great thanks are due.

Crew: Bow, N. Pinckney; C. J. Woodhouse; R. Davies; M. Peterson; M. C. Mace; J. B. King; A. J. Hodgkison; Stroke, J. K. Skuse; Cox, I. Macdonald.

M. C. M.

WATER POLO

Two matches against Mary's marked a turning point in the team's form. Mary's won the first 5—2, their determined swimming rather stretched the men from Guy's. In the return Guy's knew what to expect, and with the aid of two penalties won a keenly contested game 3—2; the first win over Mary's in three years.

The most exciting game of the season was with University College. At the start of the last quarter we deservedly led 5—3 and were defending the deep end, when UC hit a purple patch, scoring three times. Rallying strongly Guy's snatched an equaliser through Mike Miller in the last seconds, to gain a 6—6 draw. This was the only night we managed to have substitutes, as a result it was the best side of the term!

Against the London—our bogey side—we started indifferently and were losing 2—8 at the start of the third quarter when our goal-keeper, frustrated perhaps by our ineptness, took things into his own hands and was dismissed by the referee. Down to six men, Guy's played with a new found determination, preventing London from capitalising on their advantage and scored twice. Final result, 4—12.

In the last game there was disappointment against the Royal Free, for the first time we started a man down. Though frequently under pressure Guy's counter-attacked swiftly, but in the third quarter Royal Free scored from a penalty. In the last quarter Rickard and Miller scored a very good goal, but Royal Free found the net again. Temporarily the sides were equal when a Royal Free player was sent off for 60 seconds, but then Guy's lost a player and Royal Free scored again. Final result, 1—3.

The games were enjoyed by all those who played in them, the teamwork improved enormously and we are now a more experienced side. Indeed, if this term's matches were replayed now and with a side at full strength, we would have gone on to win more games. Next year—perhaps.

Played 10, Won 3, Drawn 1, Lost 6, For 27, Against 53.

Team: M. Miller (Captain); D. Rickard; S. Kahn; J. Beard; J. Taylor; G. Wilcox; P. Robinson; N. Masters; A. White; S. Harris; C. de Sousa; R. Horne.

Meanwhile preparations continue for some games at Guy's and a summer tour. We will continue to swim on a Monday evening, occasionally training with the Royal Free. Interested new swimmers are always welcome.

J. T.

FENCING

As some of the less apathetic people who venture near the Pavy Gym will know, a previously extinct species in Guy's has emerged from the flames, in the form of a new breed of Errol Flynns.

Just over a year ago, a generous amount of money was procured, by means fair and foul, from the School Authorities. This allowed us to secure the services of Olympic Coach Bela Imregi, so that anyone with a fluent knowledge of Hungarian, or alternatively just a dictionary, could learn the noble art.

Two Autumns have since come and gone, and likewise new members have come and then disappeared for ever, as happens to all societies after Freshers week. However we have been left with a respectable nucleus.

With the utmost confidence, a challenge was issued to the holders of the Inter Hospitals' Challenge Trophy, but with a postal strike, and members being sent to a clearing in that dense and little known jungle beyond the safe confines of the Borough, known as Dartford, that event has been delayed. The matter has now been rectified.

To sharpen our blades, a number of fixtures have been held over the past few weeks.

St. Dunstan's College were beaten at Foil and Sabre after some gruesome if unorthodox fencing. A hat trick was not possible unfortunately, as the Epée was cancelled due to opening time at the bar!

Westminster School came next at Foil and Sabre, which led to an overall win for Guy's of 18—12. In spite of a hangover Jon Lovett, and Aubrey (what a lovely pair) Bristow, who was unable to decide which weapon to use, whilst Rib Slasher John Walton was eliminating in the opposition in Sabre, Foilist Peter Shigner was showing us that he certainly knew how to handle his weapon!

An impromptu match against the London Hospital was held next, which gave Guy's a good win of 11—5.

Thinking it only fair to beat all opposition, we challenged the Polytechnic, one of London's top clubs, with many national and international fencers. The Epée was lost 3—6, and after much shouting, the Sabreurs assure me they lost 3—6 also. A technical error by Selection Committee Nick Barrie resulted in our 2nd team facing their 1st. Result 9—0.

There is now a short break for Easter, but we are looking forward to more matches next term, and hopefully the elusive Hospitals Cup match.

NICHOLAS BARRIE (Captain)
AUBREY BRISTOW (Armourer)

HOSPITAL INFORMATION

JUNIOR LECTURER IN THE DEPARTMENT OF MEDICINE

Applications are invited for the post of Junior Lecturer in Medicine for one year. The person appointed will have the duties of a Senior House Physician, be responsible for some of the academic and curricular activities of the department, and will have an opportunity of collaborating in research.

Salary will be as for a SHO in Medicine.

Job description and application form may be obtained from and should be returned to the Dean, Guy's Medical School.

Closing date for applications is 12th May 1977.

PASS LISTS

UNIVERSITY OF LONDON

Ph.D. Science
January 1977

Patricia R. McElhatton (Pharmacology)

M.Sc. Human Communication
February 1977

S. Abudarham
Moira J. Bankier
Pauline M. Barnett
Carol J. Coales
Edna M. Collings
Ingrid M. De Seriere
*Frances R. Duffy
Anne Finley
Regina Gourdomichalis
Nicola C. Grove
Annette J. K. Hatton
Agnes Javor
Brenda Kellett
Margot Leitch
Bernadette M. Marsh
Linda Needham
Deborah A. Rossiter
Jacqueline A. Rowe
Esther Ruch
Georgina Sanders
Mary L. Smart
A. J. Stenton

*Awarded a mark of distinction

M.R.C.P.

R. S. Ackroyd
R. D. Armstrong
N. P. Byrom
R. J. Morgan
J. J. Oram
E. M. Reuben
Miss A. Z. S. Rohatiner
C. B. Vulliamy

THOMAS GUY SCHOOL OF NURSING

State Final Examination March 1977
List of Successful Candidates

F. K. M. Adam
M. J. Ager
E. A. Atkinson
V. A. Bannister
D. Bautista
J. D. Beach
P. M. Birch
M. Blackall
S. L. Blazey
A. J. Brewer
S. P. Brook
K. J. Brown
Mr. J. G. Bunn
B. A. Burridge
H. A. T. Byrne
G. E. Cawston
P. J. Chiswell
J. Colquhoun
C. A. Common
S. Coopamah
H. J. Cowin
A. M. Cureton
B. G. Curl
C. F. Davies
J. M. Ferrie
J. I. Foster
N. V. French
L. Gray
K. A. Greensmith
Mr. P. P. Harris
B. A. Harrison
L. K. M. Hatch
L. P. Heow
C. M. M. Hickey
S. E. A. Holdaway
E. A. Holt
J. L. Hume
L. M. Jackson
R. M. James
V. C. Johnson
S. E. Kempster
M. J. Law
M. Lim
P. P. Linton
J. G. Lowther
H. L. Mahoney
D. B. Marks
S. C. McIntyre
J. M. Melville
S. J. Mills
M. Munro
C. L. Ng
L. Palin
M. Parkes
A. M. Parry
A. M. Perrin
A. G. Petzold
C. Platt
B. J. Pollit
L. K. Pratt
L. R. Pymont
B. J. Randall
A. M. Rogers
M. L. Samuels
S. V. M. Sanderson
S. A. Sandford
J. E. Saunders
S. E. Shepard
R. J. Skerry
D. M. Sliney
E. M. Sourbutts
E. M. Spilsbury
B. A. Starkey
H. B. F. Taylor
P. M. Tinsley
J. D. Turner
A. J. Webb
J. M. Wheatley
S. G. White
J. M. Williams
J. S. Wilson
C. W. P. Winsor
S. L. Wong
G. K. Yew

CAZENOVE MEDALS

The Cazenove Medals for 1976–77 have been awarded as follows:

Cazenove Gold Medal—Miss S. V. M. Sanderson.
Cazenove Silver Medal—Mrs. J. G. Baker (née Knott).
Cazenove Bronze Medal—Miss A. R. Clare.

PERSONAL

DENTAL EQUIPMENT for disposal due to retirement. Unit, Chair, Aerotor, Sterilizer and many instruments. Please telephone 31 52117.

DENTAL PRACTICE for sale. N.H.S. Gross £35,000. 19 years lease. Price £13,000. Details from M.J.S., 10 Station Way, S.E.15.

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PEMBROKESHIRE National Park. Attractive Guesthouse overlooking sea. Five miles St. Davids. Good beaches, riding, golf nearby. Further information Guy's Hospital Ext. 2228.

S.E.15—Full time associate required to take over principals Dental patients on 2nd May 1977. Tel. 01–639 4422.

CHANGES OF ADDRESS

Ian and Jane Jones, 603 31 Street N.W. Rochester, Minnesota 55901, U.S.A.

Jean and Gwyn Llewellin, Pen Y Craig House, Pen Y Craig Avenue, St. Helier, Jersey, C.I.

S. C. Post of Canterbury (Wingham) has now moved to 7 Highway Court, Hyland Avenue, Brentwood, Essex. Tel. 210573.

ENGAGEMENTS

The engagement is announced between Dr. John Dick and Dr. Gillian Kahane.

DEATHS

DAVIES: On 2nd March 1977, suddenly in hospital, Dr. Daniel O. Davies, beloved husband of Greta and father of Christopher and Robert.

MOSS: On 16th March 1977, suddenly at Limuru, Kenya, Mr. Kenneth Charles Moss, LDS 1932.

O'SULLIVAN: On 6th May 1976, tragically in a car accident in Chester, Major Michael O'Sullivan, 1st Green Howards, dear husband of Sue (née Giles) and father of Louise and Clare.

BIRTHS

MATTHEWS: To Maggie (née Sant) and Nick Matthews on 31st March 1977, at the District General Hospital, Eastbourne, a son, Robin Patrick.

RAWLINSON: To Dr. and Mrs. John Rawlinson on 10th March 1977, at Cambridge, a daughter, Susannah, sister for Katie and Tom.

ROSSER: To Hilary (née Courtney) and Mervyn Rosser on 14th March 1977, a son, Luke Mervyn, a brother for Alice.

WILLIAMS: To Jane (née Cowper) and John Williams on 9th January 1977, at the Royal Brisbane Hospital, Brisbane, Queensland, a daughter, Sarah Jane, sister for Andrew John Gordon.

PAPERS BY GUY'S MEN

Anderson, J. A. D. Problems of classification of low-back pain. **Rheumatology and Rehabilitation,** 1977, **16,** 34.

Barkhan, P. and Shearer, M. J. Metabolism of vitamin K/1 (phylloquinone) in man. **Proceedings of the Royal Society of Medicine,** 1977, **70,** 93.

Blau, J. N. A comparative study of the microcirculation in the guinea-pig thymus, *lymph nodes and Peyer's patches.* **Clinical and Experimental Immunology,** 1977, **27,** 340.

Cameron, J. S. **and others.** Serum immune complexes and disease activity in lupus nephritis. **Lancet,** 1977, **1,** 564.

Chantler, C., Counahan, R., Wass, V. J. and *El-Bishti, M. M. Growth in renal failure* (Letter.) **British Medical Journal,** 1977, **1,** 774.

Counahan, R., Cameron, J. S., Ogg, C. S., Spurgeon, P., Williams, D. G., Winder, E. and Chantler, C. Presentation, management, complications, and outcome of acute renal failure in childhood: five years' experience. ***British Medical Journal,*** *1977,* **1,** *599.*

Davies, P. M. and another. Mammography in the diagnosis of breast carcinoma; an evaluation of direct referral facilities for family practitioners. **British Journal of Radiology,** 1977, **50,** 116.

Faigenblum, M. J. A method for comparing changes in mucosal contour. **British Dental Journal,** 1977, **142,** 159.

Gardiner, P. A. Ophthalmic services for the elderly. (Letter.) **British Medical Journal,** 1977, **1,** 513.

Gennings, J. N., Gower, D. B. and Bannister, L. H. Studies on the receptors to 5 alpha-androst-16-en-3 and 5 alpha-androst-16-en-3 alpha-ol in sow nasal mucosa. **Biochimica et Biophysica Acta,** 1977, **496,** 547.

Hibbert, J. and Shaheen, O. H. The treatment of acromegaly by yttrium implantation. **Journal of Laryngology and Otology,** 1977, **91.** 1.

Lehner, T., Challacombe, S. J., Wilton, J. M. A. and Ivanyi, L. Immunopotentiation by dental microbial plaque and its relationship to oral disease in man. **Archives of Oral Biology,** 1976, **21,** 749.

Leslie, R. G. Q., Alexander, M. D. and *Cohen, S. Binding of immune complexes of* guinea pig IgG/2 to homologous peritoneal exudate cells. **European Journal of Immunology,** 1976, **6,** 841.

Leslie, R. G. Q. and Cohen, S. Comparison of the cytophilic activities of guinea pig IgG/1 and IgG/2 antibodies. **European Journal of Immunology,** 1976, **6,** 848.

Milner, Louis. Allergy to Diazepam. **British Medical Journal,** 1977, 1.

Montgomery, S. **and others.** Suicidal behaviour syndrome with low CSF 5-HIAA. (Letter.) **British Medical Journal,** 1977, **1,** 776.

Moynahan, E. J. Nutritional hazards of high-fibre diet. (Letter.) **Lancet,** 1977, **1,** 654.

Plamping, D. and Williamson, J. D. A community study of non-scheduled dental appointments. **British Dental Journal,** 1977, **142,** 197.

Rees, R. J. W. **and another.** Airborne infection with **Mycobacterium leprae** in mice. **Journal of Medical Microbiology,** 1977, **10,** 63.

Roberts, B. J. The efficiency of the mylohyoid ridge resection in improving success with the complete lower denture: a clinical assessment. **British Dental Journal,** 1977, **142,** 151.

Rutherford, D. M. **and another.** Methadone: evidence of accumulation. (Letter.) **British Medical Journal,** 1977, **1,** 774.

Sturzaker, H. G. Burst abdomen—a preventable condition? (Letter.) **British Medical Journal,** 1977, **1,** 772.

Trauer, T. Attitudes of psychiatric patients to staff roles and treatment methods: a replication and extension. **British Journal of Medical Psychology,** 1977, **50,** 39.

Unger, A., Panayi, G. S. and Tidman, N. H. Comparative study of carcinoembryonic antigen in rheumatoid synovium, tumour and normal adult lung. **Annals of the Rheumatic Diseases,** 1977, **36,** 66.

Vale, J. A. and Maclean, K. S. Amantadine-induced heart failure. (Letter.) **Lancet,** 1977, **1,** 548.

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GUY'S HOSPITAL GAZETTE

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MONTHLY 28 MAY 1977 VOLUME 92 NUMBER 2270

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Guy's Hospital Gazette is the oldest hospital journal in the world. While other hospital journals have folded or have lapsed into quarterly or six-monthly production the *Gazette* has flourished. An increase in subscription in December 1972 was followed by one in October 1974 and our publishers project that there should be no further increases for the rest of this year. This, of course, is in spite of inflation and the fact that postal charges have doubled since December 1972; moreover, the full rate of subscription is only paid by those who have been qualified more than three years.

The *Gazette* aims to serve the wide range of interests of its readers whether they be practising doctors, dentists, nurses, physiotherapists, retired practitioners or students. In this respect the *Gazette* does not differ from any other journal but, perhaps unlike other journals, we may have been a little slow to find out just what our readers want. Never a year passes without at least one group of students complaining that the *Gazette* is moribund, outmoded or reactionary, written for the "old boys" by "adolescent old boys". I know that there is a number of students who regard the operations of the *Gazette* with some cynicism. After all, who is it that invites new members to the editorial staff? Why is there a compulsory levy of 90p per year from students for the *Gazette*? Others may be wondering why there is no longer a sports editor and why the sports coverage has seemed to lag, still others may be interested to know if the "*Gazette interviews*" of the past couple of years will progress into discussions, perhaps with guests from outside.

Intelligent audiences are not undivided in their preferences, so while it is not a problem to assume the credentials of this audience it is sometimes more difficult to ascertain its tastes. It is often thought that if complaints are not made then all is well but this simply begs the question as to what is meant by all is well, for if this is taken to mean tolerable or mildly interesting then failure is not far away. If succeeding generations of newly qualified Guy's men and women do not see fit to "contract in" to the *Gazette*, then closure

will be imminent upon the fall in subscriptions. Subscriptions from newly qualified dentists are up on previous years, while those from newly qualified doctors have remained static.

At the A.G.M. of the Clubs' Union in 1975 the then student president, David Fine, and John Duckworth put forward an articulate case that the *Gazette* could be produced more economically by a change in its whole method of printing. Both we and our publishers looked carefully into this but the practical obstacles to change were insuperable, leaving aside the vital question of whether *Gazette* readers would welcome such innovation. However, nobody stopped to ask them. Minor changes such as the cover illustration and the lay-out of the correspondence and sports columns have been made but the general format is essentially unchanged. It has been suggested, for example, that the correspondence might immediately follow the Passim rather than be treated as "fine print"; but such a move would be quite worthless if the *Gazette* is not providing an effective forum. It may be of interest to note that the national and local press are keen readers of the *Gazette.* The lively and constructive correspondence that developed over the Residents' Plays, no doubt encouraged all those concerned with the production in hand. We have sent a copy of the unpublished Pavitt Report to the Dental Library so that it may be consulted there as a reference work. Mr. Pavitt kindly donated a copy following our articles concerning his Report. The recent airing of views concerning the management of the students' bar, which had a turnover of £54,000 last year, and the use of facilities in the East Wing has led to a request that the *Gazette* should publish thoroughly rigorous and investigative articles on these subjects. For some time the *Gazette* has had its attempts to be allowed to see the minutes of the committees of the Clubs' Union frustrated. This has been an obstacle to the writing of well informed and responsible articles on matters of considerable importance, not least financial. Fortunately members of the various committees of the Clubs' Union have recently made it clear that they wish for far more about the internal political machinations of student affairs, within the hospital, to be made public.

The future looks bright from many aspects but there are still avenues which could be profitably explored. Forging interesting and relevant communications is a worthwhile and enjoyable challenge, not only for the editorial staff but for all those who read the *Gazette.*

NEWS IN BRIEF

Dr. G. H. Leatherman

It has recently been announced by the Pierre Fauchard Academy that the Elmer S. Best Memorial Award for 1977, has been made to distinguished ex-Guy's man Dr. Gerald H. Leatherman. The presentation to Dr. Leatherman was made at the U.S. Embassy on April 29th and is made to members of the dental profession who have made significant contributions to the arts and sciences of dentistry.

The award was first made in 1963 and previous recipients in this country were the late Professor Martin Rushton, C.B.E. and Mr. C. de Vere Green.

Concert Tickets

Jan Dyer of Clinical Bacteriology is able to obtain tickets for London Symphony Orchestra concerts in the Royal Festival Hall at a 10 per cent reduction. Those interested should contact her on extension 2131 or 2141, 5th floor Guy's Tower.

Guy's Hospital Physiotherapists and Radiographers Association

The Association held a sherry party on Wednesday, May 4th, 1977 in Shepherd's House which was attended by 100 members. The following physiotherapy prizes for 1976 were presented by the President, Miss E. M. Stephens:—

Trethowan Memorial Prize	Miss C. E. BAKER
Angove Memorial Prize	Mrs. S. J. WESTMAN (née Cotton)
MacTier Memorial Prize	Miss S. M. CONNELL

Guy's Hospital East Anglian Society Dinner

The Guy's Hospital East Anglian Society Dinner took place at the Scole Inn, Norwich, on Friday, 29th April. 43 members attended. The Guest of Honour, Mr. R. J. Cann, in replying to the toast of Guy's Hospital and Medical School gave a most entertaining and interesting speech in which he described life at Guy's when he entered the Medical School at the end of the First World War.

(Secretary, C. Bishop.)

New President of the Association Football Club

Professor R. J. Robinson has been elected to succeed Professor G. A. D. Haselwood as President of the Association Football Club. For a tribute to Prof. Haselwood see the sports columns.

Overheard in Cardiology Outpatients

Only doctors are incompetent—valves are regurgitant.

REVIEW OF THE RESIDENTS' PLAY

"4077—A Guy's Oddity"

from Professor J. R. Trounce

Although some may regret the transfer of the Residents' Play from the intimate shambles of the Physiology Theatre to the elegant and professional ambience of the Greenwood Auditorium, there is no doubt that the new theatre offers opportunities for production undreamt of in the good old days. These opportunities were well exploited in the current play "4077—A Guy's Oddity".

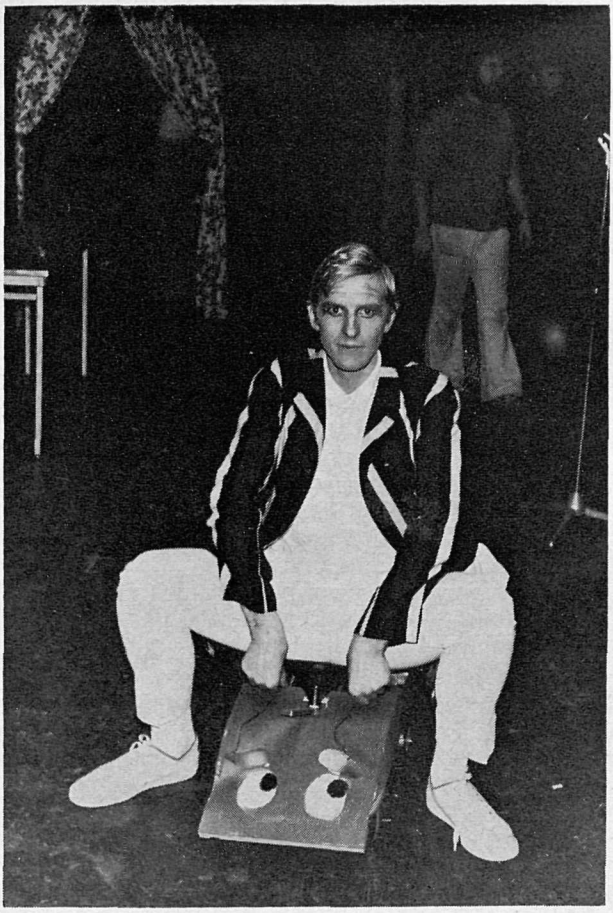
The authors, as ever in search of new surroundings against which to display the foibles of the staff transported us into the far future. The play opened with a "computer voice" telling us that it was the year 4077, month 6, day 00, in computer jargon 407 7600—followed by the familiar "Good morning, Guy's". At this time we were told all was happiness and light; sickness was no longer a problem. Guy's was controlled by a computer which was attended by three administering acolytes, Stampe, Fyle and Fourgettit. There was now no need of doctors, nurses or technicians, the hospital was empty except for three geriatric patients attended by one nurse and 2,642 administrators. In keeping with tradition were two sisters, presumably left over from a previous age, but appearing to be in an excellent state of preservation.

There arrived on this idyllic scene a patient in the familiar uniform of the Works Department, whose illness had defeated even the computer and it thus became necessary to seek the advice of the older-style clinician. This was easily accomplished as it seemed that the staff of Guy's had been dessicated and stored in the form of giant biscuits (biodiscs). The computer and its attendant administrators therefore decided to reconstitute some of the clinicians.

The first to appear from the processing machine was Dr. Spott, complete with flannels, blazer and a mini sports car, and obviously off to lead the Silhouettes. Martin Minogue managed to catch Spott's familiar oddities and to lose his briefcase to perfection. He was soon joined by Mr. Trolley. Over the years Trolley has appeared in the Play on numerous occasions. This was the best of them all, the charming smile the deprecating "silly me", were all there. Clive Handler's performance was one to remember.

"You know Rex Trolley is my name
Thank you, thank you
I'm rather senior at this game
Thank you, thank you
When registrars tell me of something
I nod, and then, politely smiling
I say 'How very interesting,
Thank you, thank you'."

In spite, however of this wealth of clinical talent, the patient's diagnosis remained in doubt and it was decided to reconstitute three professors, Drs. Spark, Bowelling and Harry Ketones in order to introduce the laboratory approach. The three professors duly appear, John Budgen quite strikingly like Spark, Colin Holden with the grey hair, if not quite the accent, of Bowelling, and Joe Oram complete with Ketone's pipe.



" Dr. Spott "

Unfortunately, although there appeared to be plenty of dessicated professors in store, there are no laboratory technicians. Deprived of this support, the professors could not contribute to the diagnosis. A situation which called for a lament.

SPARK

"If bronchi are narrowed by spasm or phlegm
You'd best call in me to reduce the mayhem
But without a peak flow or an FEV one
I've no idea what I can do or what's wrong.
A ventolin puffer might be of some use
But we cannot diagnose him—his disease is abstruse
Sub-diaphragmatically speaking its plain
I'm in very strange country, in foreign terrain.

Please bring us a lab man of recognised merit
No results and no data—we just can't grin and bear it
An ESR something to give us a clue
For the clinical signs are remarkably few."

Further help was on the way in the shape of Dr. Sowtalol who arrived with his attractive secretary and after a few typical exchanges broke into a rock number to explain the intricacies of modern cardiology. It seems that Guy's gain has been popular entertainment's loss for Paul Rowe produced a drive and beat which must rarely have been exceeded. It also gave an opportunity for those in charge of the lighting to give us the full rock atmosphere.

"The case we have here seems to be
A serious problem ev'n for me.
Heart's there, there is no doubt
How much does it put out?
I'm lost without an ECG.
I could float a Swann-Ganz up the pulmonary tree
Find a wedge pressure, then we'd see
Left Heart pump action,
Calculate ejection fraction,
And cannulate his VSD.
Pacing—it's in demand
Pacing—I'm in command
Pacing—It's second nature now to me
Pacing—There's no fixed rate
Pacing—We'll alleviate
Pacing—Wenctebach and CHB."

Our clinical team was further enlarged by the reconstitution of Mr. Drain and Dr. Haloperiwell. The arrival of Drain, well portrayed by Les Ross (though the golf swing could do with some more rehearsal) called for a little punning followed by a song.

"I came down here from Birmingham
A year or two ago
Straight down the M1 fairway
To bronchoscope, you know.
The Lord and I worked hand in hand
On chests and lungs and hearts
I'd rather be out playing golf
Than taking out such parts."

The scene ended with the clinicians realising that when a diagnosis was reached, they would become expendable and converted back to biodiscs.

From now on the diagnosis must be delayed at all costs. It was decided that one of the best ways to ensure delay was to ask for a bacteriologist's opinion and so Dr. Norman Symbiant was materialised.

"Urethritis and arthritis
Make some people think of Reiter's
You'll grow nothing there no matter how you try.
And mycoplasma pneumonia
Has never yet been grown here
Have you never thought to ask the reason why?
To culture spirochaetes
Is an unaccomplished feat

And who knows maybe someday pigs will fly.
But if these bugs are so elusive
It seems to me conclusive
In the ointment there must be another fly
I'm talking about NORMAL ORAL FLORA.
Well now there's bound to be an epidemic soon
If it's not in May then it'll happen in June
We're growing it from all over the place
From the anal margin right up to the face
It can cause anything from pneumonia
To a boil on the end of your nose
It's not a staphylococcus
It's NORMAL ORAL FLORA."

Just to make doubly sure, a psychiatric opinion was also sought. "That should give us a breathing space of at least three weeks." This required the use of two biodiscs labelled "What" and "Son", and Professor What'son appeared in the form of two similar figures complete with beards (Steven Large and Roland Ede) "a split personality".

"I teach all the students
About psychiatric trends
It's called "potty" training
and cleans round the bend
It contains biofeedback
and conditioning too
New non-shrink brain washing for you
New non-shrink brain washing for you.
Communication
That's the name of the game
It's something like
Well . . . er . . .
Let me try to explain
I have this notion, ummm
What I'm trying to say
Sort of er . . . um . . . er . . .
Sort of er . . . um . . . er . . ."

However, in spite of practically every medical speciality being represented, there was still no diagnosis and finally it was decided to operate. Dr. Haloperiwell (Phil Timms) now came into his own and after some discussion in which it appeared that his premedication armamentarium was somewhat limited, he sang a very pleasant little song. The tune might well have come from a play of forty years ago and was put across with an old-world charm, which was entirely fitting.

"They call me Haloperiwell
Anaesthetist extraordinaire
When I'm out in my bright red lotus
I really look quite debonaire.
Um, my name is Haloperiwell
I treat all my patients with care
And the reason they all do so very well—
I premedicate beyond compare.
I can often relieve patients' agonies
Where physicians and surgeons have failed
You're likely to find spinal needles

" Sister "

In anatomy deftly impaled
I've got a new nerve stimulator
Tax-deductible—one of the perks,
And I don't really mean to be nasty
Giving patients their physical jerks.
I'm known to my friends as Bertie
My pipe's always close to my hand
If I'm not always here by 8.30
It's cos 'Nuffers' has upset my plans."

As the operation must last as long as possible, a neurosurgeon was required and Mr. Bulkey (John van de Pete) arrived.

"You may not all remember me,
I'm expert in brain surgery
I chip away at things in heads each day from eight till eight
Sub-durals I trephine
Aneurysmal weakening
I clip with silver, then they're left with just a metal plate.
If your legs are feeling weak
And your bladder's sprung a leak
Your Babinski hits the ceiling—then there's pressure on the cord
Get me there straightaway
There's not a moment to delay
I'll laminectomise you while the registrars applaud."

The surgeon and anaesthetist disappear behind a screen and we saw the operation as a shadow play. Meanwhile a last desperate attempt was being made to wreck the computer before the clinicians were again dehydrated and stored away. It was decided to load the computer with nonsense until it exploded. This process is interrupted by Spott's song, splendidly put over by Martin Minogue and combined with a most expert soft shoe shuffle by Trolley, Haloperiwell and the Cardiac Secretary.

"I dreamt that at Lord's I was playing one June
The Aussies we had on the rack
They soon were all out—I was over the moon
I was batting at five—no, not jack!
Three wickets were down, my chance now to boast,
As Lillee bore down none too sweetly,
The first went for six! which pleased me the most
But the second removed me completely.
I dreamt I was singing in Glyndebourne one year
In Cav and Pag opposite Callas
The curtain arose—I trembled with fear
Could this be OBE at the palace?
The first chord thundered out, and roared the great host
A chorus with deafening bravura
But what made them all gasp—which pleased me the most
Was my super appogiatura! "

Finally a question on pterodactyl stuffers lung exploded the machine and the administration collapsed. However, all was not over, one administrator, presumably a mutant, survived. The last word was with Dr. Symbiotant who arrived with the "sensitivities"—late as usual.

In summary then, a friendly, kindly and enjoyable play. There are those who might have preferred a little more acid here and there but that would depend on whether they were on the receiving end or not.

The idea for the plot was most original and the opening one of the best I have seen in nearly thirty years of Resident Plays. Perhaps a little more action later on would have enabled the authors to have further exploited a situation which was full of possibilities. There was one quite outstanding characterisation and a number of good ones. Production was excellent and even on the first night the cast were nearly word perfect and there were no serious hitches which says a great deal for Jon Ayres and his team.

The music was very good indeed. Mike Lavelle managed to vary the style of the songs without getting outside the competence of his singers—sometimes no easy task. His group, containing several veterans of the Play accompanied beautifully and played some most attractive music in the intervals.

I hope that all those who took part thoroughly enjoyed themselves. We, the audience certainly did and it was wonderful to see the Residents' Play back on the road again.

THE RESIDENTS' PLAY 1977

A selection of verses not included in Prof. Trounce's review.

The Spott Diagnosis

I dreamt of Utopia—a place and a time,
Where all that I wanted would be,
With golf in the morning and so perfect a clime,
That all afternoon I could ski.
I'd drive down to Ascot, with champers I'd toast
The winner within the enclosure.
But the ultimate thing which would please me the most?
The absence of boring symposia.

I dreamt that the Hospice was in a new phase,
The Chest Clinic now was quite vast.
There were no missing notes, we had all the X-rays,
I thought it was too good to last.
No admin to drive me from pillar to post?
Could be, with each clinic well planned.
But I found them, unchanged, which amused me the most
With their heads buried deep in the sand.

A Pseudo Moan

Those magicianly physicians
And other such clinicians
Send me specimens of every shape and kind.

They say we *think* that it's infected
Or at least we *half* suspect it
So have a look and see what you can find.

And—so—I stain up a smear
And have a good peer
And put a little on an agar plate.

It will hardly ever show it
And I almost never grow it
And when I do it's usually too late.

But there's a group of little cells
That usually grow quite well
Which many people underestimate.

By taking up their pencils
And scribbling "commensals"
But listen while I try to put you straight.

Travail Of Trolley

The renal chaps all tell us now,
Pawpaw, pawpaw,
They've found another Holy Cow,
Pawpaw, pawpaw.
At Fortnum's they cost two pounds fifty,
For healing wounds they're pretty nifty,
But ten per cent Mag. Sulph. is thrifty,
Not like pawpaw.

Have you seen my latest car?
Quite nice, quite nice,
This year it's my sixth so far,
Surprise, surprise.
I change them here, I change them there,
I lost one in a hole somewhere,
I've had so many in my career
At Guy's, at Guy's.

Ombredonne will pex an orchid,
So neat, so neat,
And leaves a happy tho' a sore kid,
Complete, complete,
A lovely little circumcision,
A blocked up bottom for incision,
A Ramstedt's done with such precision,
A perfect feat.

Bulkey's Brainchild

I'm the King of T.L.E.,
A temporal lobectomy
Will stop you hearing voices, smelling smells or feeling queer.
Without a hippocampus
And the nearby lurking uncus,
You'll find that all of your hallucinations disappear.

At New Cross once when asked to see
A patient with neurology,
I went behind the curtains when a voice came down the ward
"Are you that plumber bloke?
Our bedpan washer's broke"
A G.U. surgeon? Me? I think I'd rather be ignored.

NOTICE

We are pleased to announce the appointments of Bob Dobson and Stephen Fenny to the editorial staff of the *Gazette*. We give them our best wishes for the future.

CLUBS' UNION NEWS

Over the past couple of months, there have been lots of rumours flying around the bar and other places where students congregate, concerning the fate of various rooms in the East Wing. The time has come to give an official account of what is actually being considered.

The Clubs' Union is very lucky in having some of the finest facilities of any college of the University of London, since the rebuilding of the East Wing in 1963. However, we must endeavour to see that these facilities are utilised to their full potential. With this in mind, the Clubs' Union Council set up a sub-committee, initially to look into the possibility of moving the snooker tables into the Table Tennis room, but later its terms of reference were widened to include a full review of the use of the East Wing premises. Of course any changes are strictly governed by three factors: desirability, feasibility (including structural considerations), and (needless to say) finance.

The original plan to move the Snooker tables to the Table Tennis room, thus giving us a room next to the bar to be used for inflams, other social events and as a games room, would have been a particularly expensive move. Events have overtaken us and this idea has had to be dropped for structural reasons, before having the opportunity to fully investigate the other implications of this proposal. The reasons are intimately tied up with the history of the hospital, which is probably too lengthy to go into here. Basically, the East Wing was completely rebuilt in 1963 from the "shell" remaining after the war, and had foundations rebuilt with metal "piles" and pressurised concrete. However the Table Tennis room is built on the original wooden "pile" foundation of the hospital and we have been advised that the constant weight of the snooker tables in the Table Tennis room might well seriously compromise the foundations of the whole building. This advice (from the Medical School's structural engineer) also raises grave doubts about the use of this room for any purposes other than table tennis.

As chairman of the sub-committee, I would be most interested to hear of anybody's views on the use of any rooms in the East Wing, either verbally, or ideally through a written submission to the committee. We are interested in such questions as "Is there too much common room space in the East Wing?"; "Do we really need a women's common room?"; "Would a small games room (where one could play chess, bridge, etc.) be a good idea and would people use it?"; "Could the Reading Room be used for rehearsals, meetings, etc.?". These are just a few ideas we are throwing around, perhaps you can come up with some others?

Still on the subject of student facilities, one of the biggest assets of any students union is its constituent clubs. It goes without saying that these are only as good as their active members. Although clubs are for the benefit of all the students there is a great danger that they form little cliques by failing to keep others informed of their activities. Many clubs seem to have "ups and downs" over approximately three-year cycles for this reason.

At a recent Annual General Meeting of one of the largest constituent clubs, which should either actively or passively involve very many of the student population, only a handful of students were present. There can only be three reasons for this: Apathy, failure to generate interest among students throughout the year, and bad publicity for the meeting itself—in this case the posters for the meeting went up the day before (one which said "A.G.M.

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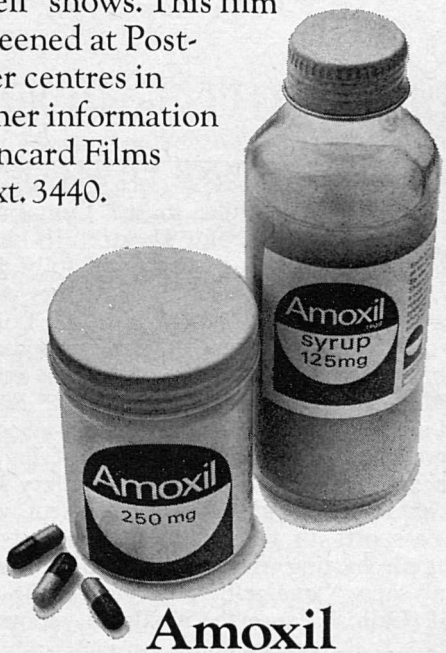

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tomorrow", was sufficient to make at least one of the newly elected committee members turn up a day late!). Although this is by no means true of all clubs, I appeal to all the Constituent Club Committees to take a good look at their "public relations", particularly now with Freshers Week not so far away, when it should be quite possible to get a large intake of "fresh blood" into the system.

Judging by the response to last month's article on student grants, it seems clear that some students do have problems or queries with their grants, and so once again I reiterate the fact that should you wish, the Clubs' Union can give you any information on the grants system and will try and help you sort out any problems you may be experiencing. Please don't hesitate to contact me. The National Westminster Bank in the Colonade are extending their premises and will soon have an interview room there. They have informed me of a plan to hold a weekly "surgery" where you will be able to discuss confidentially any financial problems you may have with their Sub-Manager Mr. A. G. Pyne.

Finally, various people have been expressing their concern over the recent deterioration of the catering facilities and I hope to be writing more fully about this next month, after a forthcoming Catering Committee meeting.

DENTAL SOCIETY GENERAL MEETING

Mr. Bernard Sims spoke to the Dental Society meeting held on 15th February in the Tower Lecture Theatre. In his lecture, titled "Homicide and the Dentist", he recounted a number of fully illustrated case histories he has encountered as forensic odontologist to the Metropolitan Police. He is also senior lecturer in forensic odontology at the London Hospital Medical School. The rôle of the forensic dentist he described is both interesting and occasionally gory. He showed slides of human remains which were completely unidentifiable, until he looked at the teeth. Since the soft tissues of the oral cavity can protect the teeth from all but the very severest accident, dental charting may provide the only means of identifying the remains. Personal effects, such as driving licences, passports or jewellery which were present on the body can act as an adjunct to identification—except when a victim of one air disaster has two passports in his pocket. Intra-oral radiographs are taken which help in dental charting where visual clinical assessment is impossible. Radiographs may show "amalgam speckling" in the tissues around the teeth where fire caused death, because the amalgam vaporizes.

Unfortunately, Mr. Sims did not have time to go into the technical details of his subject, but he mentioned that any dental practitioner has the basis of the necessary skills, which, when applied differently, would make him a forensic dentist. However, his participation at the scene of crime or disaster would not be welcomed by the investigating officer unless he had at best some formal forensic training or at least the advice or supervision of a forensic pathologist.

The undergraduate course at Guy's does not have a forensic training, and this lecture on a hitherto unknown aspect of dentistry received great acclaim from the packed house.

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OBITUARY

DANIEL OLIVER DAVIES

Dr. Daniel Oliver Davies died suddenly at his home in Whitstable, Kent, on March 2nd, 1977. He was 52.

Dan Davies came to Guy's as a medical student in 1941. At that time, the pre-clinical school was evacuated to Tunbridge Wells and Dan joined the very close fraternity of those who were students during wartime. For three years, he lived at Hurstmead—one of the houses taken over by the Medical School as combined dormitories and classrooms. He was one of the many Welshman who came to Guy's in the early 1940's—indeed, there were four Davies in Hurstmead at the same time.

It soon became obvious that he had a keen intellect. He was one of those irritating people who coast effortlessly through exams without apparently trying. He qualified in 1947, and briefly joined the Guy's "cell" of house officers who took over the residents' mess at Selly Oak Hospital in Birmingham. His colleagues thought he would specialise, but it was a difficult time, when consultant posts were few and, after a spell as a medical officer in the R.A.F., he settled down as a general practitioner in Whitstable.

But perhaps "settle" is not the right word. Dan was always restless—and, on his occasional forays to Guy's he would often voice thoughts on how his career might be changed. Indeed, on one occasion, he took sabbatical leave from his practice and spent six months as a member of the Flying Doctor Service in Gambia.

As a general practitioner he was outstanding. He guided his practice into a partnership of predominantly young doctors and saw the development of a health centre, of which he was justifiably proud. An active member of the BMA, he was secretary of the local division and a member of the Area Health Authority, Family Practitioner Committee and Local Medical Committee. His memorial service in Whitstable was packed, not only with his local friends, colleagues and patients, but also with a number of Guy's men of his year, who came down to pay tribute to his memory.

Dan was a gentle man—kind, sympathetic and a great companion. The friends he knew as a student and their wives meet every other year in Winchester. Dan was always there and it will never be quite the same without him.

We extend our sincere sympathy to his wife Greta and his two sons, Christopher and Robert.

J. L. H.

MEDICAL PROVERBS AND APHORISMS

Rodger Martin

This month I thought I would write an article on the pithy and succinct sayings of some famous medical men, rather than a biography of a doctor. Much information about the character of a man can be gained from reading his works, and these proverbs and aphorisms contain a wealth of practical information. The medical interest of folk proverbs is, not so much in pathological, as in physiological and psychological observations; the things an observant physician notes "by the way" in his practice.

To start with Chinese sayings, here are a few which were published in 1926 by Dr. Wang Chi Min, from centuries of Chinese wisdom :

"A good doctor is equal to a good premier.

The able doctor acts before sickness comes.

You can remove the trouble if you know the cure.

To avoid sickness, eat less; to prolong life, worry less.

Men worry over the great number of diseases, doctors worry over the small number of remedies."

Hippocrates is, of course, considered the first Western physician of note and he left us a vast legacy of aphorisms many of which make interesting reading even now.

"Life is short, and the Art long, the occasion if fleeting, experience fallacious and judgement difficult.

The highest duty of medicine is to get the patient well, of several effective remedies, choose the least sensational.

To do nothing is sometimes a good remedy.

An important phase of medicine is the ability to appraise the literature correctly.

For extreme diseases, extreme remedies.

Old persons have fewer diseases than the young but chronic diseases never leave them.

For hysterical maidens, I prescribe marriage, for they are cured by pregnancy.

Good wine will dissipate hunger."

Aristotle, the greatest biologist of antiquity, attached great importance to the relationship between science and medicine; in *De Republica* he wrote :

"To cure oneself by the book is bad and an experienced physician far preferable. For he acts not from personal views or any thing unreasonable, but heals the patient and expects to be paid for it. Politicians, acting from personal likes and dislikes, mistrust doctors as likely to compass their deaths in the services of enemies and so they prefer healing out of books."

Celsus is best appreciated in full length excerpts but his medicine showed little advance over Hippocrates.

"There are four diagnostic signs of inflammation : redness and swelling, heat and pain.

The art of healing has no more solid base than experience.

An idle existence is hazardous, for some day one may have to work."

It was Sydenham who first said "A man is as old as his arteries."

Moving on to the 19th century we meet the German pathologist Virchow.

"Brevity in writing is the best insurance for its perusal.
Physicians can only be called such when the ultimate aim of their labours is the healing of disease.
I justify a place in pathology for the leucocytes."

Comparable with Virchow's aphorism on experimental medicine are those of Charcot on the bedside approach to disease. The essence of his teaching was the doctrine of the spontaneous approach and the danger of preconceived ideas.

"To learn how to treat disease, one must learn how to recognise it. The diagnosis is the best trump in the scheme of treatment.
Disease is from of old and nothing about it has changed. It is we who change, as we learn to recognise what was formerly imperceptible.
How is it that, one fine morning, Duchenne discovered a disease which probably existed in the time of Hippocrates?"

Osler's *Medical Practice* is still considered the epitome of the bedside manner. He had the ability to express his view of things with the tolerant, ironic comprehension of a man of the world and his epigrams are full of wit and tang.

"From Hippocrates to Hunter, the treatment of disease was one long traffic in hypotheses.
We doctors have always been simple trusting folk. Did we not believe Galen implicitly for 1,500 years and Hippocrates more than 2,000?
Commonsense in medical matters is rare and is usually in inverse ratio to the degree of medical information.
One of the most delightful sayings of antiquity is the remark of Heraclitus about his predecessors, that they had much knowledge but no sense."

In much the same trend was Weir Mitchell.

"Ever since the Crimean war, nurses have been getting into novels.
Do not think too much of the dignity of your profession or what it is beneath you to do. It is a moral disorder of young nurses and, I may add, of young doctors.
I can remember when older physicians refused to recognize socially a man who devoted himself to the eye alone.
The truer test of national medical progress is what the country doctor is."

Ramon y Cajal, the great Spanish neurologist of the turn of the century, completes my article :

"The most effective and economical of all reactions to injury is silence.
Grey matter abounds in countries with grey skies.
A beautiful woman is always preferable to an eccentric one.
Only the doctor and the dramatist enjoy the rare privilege of charging us for the annoyance they give us."

I'm sure many readers will have their own favourite aphorisms and in an article of this length many gems have been left out, but I would be glad to hear of any reader's favourites c/o The *Gazette* Office.

Rodger G. C. Martin.

SIMON STYLITOS

Gentle reader pay attention. (Having almost unostentatiously acquired your interest, the column proceeds as follows.)

Etymologists among you are doubtless aware that our language has been recently enriched by the colloquilism "punk". I am informed by Swills, the columnar librarian, that the following meanings are pertinent to this graceful monosyllable :

Punk—noun (U.S.A.) rotten wood, fungus growing on this, touchwood. (Slang) anything worthless or rotten.

But this little word has a nobler pedigree than any transatlantic philologist could claim. A Restoration playright called William Wyonerly maintained that . . .

"When parents are slaves
Their brats cannot be any other.
Great wits and great braves
Have always a punk to their mother.

Here "punk" refers to a member of a very old profession, a Scottish member of which, provider, a mnemonic for an Argyll-Robertson pupil in that she accommodated but would never react.

Speakers of King's (Road) English use "punk" to describe a useless item or act, and especially for a peculiar style of music-making variously known as "Punk Rock" or "New-wave Rock 'n Roll". Punk Rock cognoscente discuss Fanny Rotten's coloratura at great length, and have devoted scholarly tracks to a comparative analysis of a group called "The Stranglers" with Schöenberg's later string octets.

Enough digression. In the more elaborate webs of speculation employed in diagnosing an illness, I have often been accused of practising "Punk Medicine"!

"New-wave Medicine" (which is a far politer term, and that preferred at B.M.A. meetings) offers the physician an exciting new diagnostic and therapeutic aid; whose long-term benefits could even exceed those promised by a similar innovation—the Problem over-rated Medical Record.

Students of New-wave Medicine (N.W.M.), though rarely present on the wards, may be recognised by a miniature Kielland's forceps hanging from the left ear lobe, and by their idiosyncratic style of trousers. This garb, together with their contempt for youth and innovation, caused T. S. Eliot to write (in Punk Rock) :

"I grow old . . . I grow old . . .
I shall wear the bottoms of my trousers rolled . . .

which is surely the quintescence of the Punk-medical philosophy.

The practice of N.W.M. has considerable advantages over orthodox, or "mainstream medicine". With a rapid perusal and transcription of the S.H.O.'s notes, a patient can appear fully clerked in less than ten minutes. As the House Officer may use the G.P.'s letter as his saver, the patient is spared the rigors of an interrogation and examination on entering hospital. This method of clerking-by-proxy (C.B.P.) would considerably reduce the incidence of cross-infection on our wards. Indeed a recent B.M.J. leader notes with disquiet that infection is significantly higher on non-N.W.M. wards, than on N.W.M. wards

Other N.W.M. techniques involve asking the patient for a diagnosis, or otherwise offering a likely disease from the à la carte. Punk diagnosis may be as vague as P.U.O. or as specific as a pedunculated hydatid of Morgagni and in any event does not affect the management which is invariable for any punk medical condition. It is, in outline . . .

(1) Immobilisation in a N.W.M. ward for $2\frac{1}{2}$ weeks with compulsory physiotherapy at dawn and dusk.

(2) A diet of gruel Valium, Mogador and Guinness. Recovery is guaranteed.

Will *you* practise Punk Medicine?—for your patients' sake—say yes.

My political affairs correspondent, who has but recently recovered from a bad attack of Don Fuaritis, has again broken into verse :

Caligula's steed, has Consul decreed
History tells us, on looking back
So appointing a Jay to the U.S. of A.
May serve us as well as any other hack.

GUINNESS WALK "77"

Having risen at six-thirty and made it to the East Wing by seven we thought that the day couldn't get any worse. We slumbered on the coach to Rickmansworth and wandered off it when we arrived at what seemed to be the start. Receiving our string, label and standard issue barley sugars we set off thinking how wonderfully fit and healthy we were. A mile later we found the real start where we had to hang around until nine-thirty, apart from two lunatics who, intending to run the course, left at nine.

We set off in high spirits, only slightly dampened over the first ten miles of blisters. We found the first beer stop and were given tickets for half a pint.

"What, only half a pint . . . (etc.)," was the general reaction, and after much scraping around we managed to sink three pints before continuing.

Onwards to lunch, just six miles downstream; the sun went in, the beer lay heavy, feet ached and spirits dropped. Two hours later we finally arrived for Guinness, more Guinness and food. We now knew how to get the Guinness and just asked for four tickets at once.

Guinness is not a good beer to drink in large quantities and walk far on, so we felt very bloated and a trip behind the bushes was called for to remove the greater part of our load. Feeling fully refreshed and revived we moved on.

Only ten miles to go . . .

The walk now had become more of an ordeal than a pleasure, but at least it wasn't raining. However, the towpath was wet and my training shoes had a hole in them. Four miles from the end the "H.H.H." stop supplied Help, Hospitality and Hospitalisation, and it needed to because the last four miles was by far the worst and seemed more like five or six.

Continued on page 143

NURSING

THE CARING PROFESSIONS

It is generally acknowledged that doctors and nurses enter their respective professions because they care about the welfare of their fellow men and wish to help them. As a result, these two occupations have been included with others under the general heading of the caring professions, and have come to be regarded as consisting of people who are totally altruistic.

Those who teach the student doctors and nurses like to think that they are communicating to their future colleagues those ideals which will ensure that the caring attitude will continue to be of prime importance, but could it be that they are labouring under a gross misapprehension?

Many patients, if asked, will have no difficulty in relating tales of their hospital experiences which indicate that those who undertake their care have little or no insight into the needs of a sick person. They would say that hospitals and their staffs are organised solely to meet their own needs, and not those of the clients. Many would also agree with the theory that to survive a period in hospital requires the possession of a very strong constitution.

If patients feel like this, is it not time that the doctors and nurses gave careful consideration to their systems of practice? Do they expect too much of the patients, and should they investigate the reasons for them being discharged in a state of near exhaustion as a result of the care which they have received? Is it right for sleep, that great healer, to be made impossible in a general ward because the noise created by the staff is so great?

The strange thing is that patients rarely complain about the situation. They seem to tolerate being woken at six in the morning in order to have their temperature taken quite unnecessarily, and to be subjected to a daily routine which would leave most healthy people in a state of extreme fatigue within a very short time.

Everyone is aware that hospital staff are overworked due to shortage of employees. It is also true to say that for those who are extremely ill there will be no effort spared. For the majority though this is not necessary, and these are the ones who suffer most from hospital care. Is it not therefore essential for all the time-honoured routines and practices to be reviewed, bearing in mind the needs of the patients rather than those who claim to assist their recovery?

Continued from previous page

Onwards again, and eventually, amongst swearing and much damning of the world in general and Arthur Guinness in particular, we arrived at the finish at Little Venice, a rather nice place hidden somewhere near Paddington station. Guinness had erected a marquee beside the towpath and no tickets were needed here so a few more pints were sunk with a packed tea. We finished 96 and 97 out of 150. Everybody was given a special Jubilee Guinness Glass as a finishing prize, and perhaps the prospect of a party at the Guinness brewery later on in the year.

In retrospect maybe the walk wasn't really as bad as I thought at the time, but next year *we* won't be so eager to volunteer for a place.

Jim Oliver,
George Fishwick.

PHYSIOTHERAPY

A Careers Officer wrote recently to ask for some information which might help her to advise young people who approached her department enquiring about physiotherapy training. This in itself was an encouragement, not just because enough people had been motivated sufficiently to broach the topic with her, but because she, recognising the paucity of recruitment literature and its tendency to be at once starry-eyed and out of date, had in turn been professional enough to write, presumably to all the training schools, to find out just what it is that we look for in our candidates.

Can motivation beget motivation? Anyway, whether or not, her initiative was the spur to force me to try to write down on paper some at least of the considerations which would seem important when making a selection, as we do at Guy's of one out of every four or more applicants. This is not the first such request, of course, and at careers talks, in innumerable telephone conversations and written answers to parents of potential entrants one has had to try at least to indicate what are regarded as desirable assets —selling-points, if you like—in a candidate. Incidentally, it should be made clear that we operate a national clearing-house system and the said 4 : 1 ratio is a true reflection of actual first choice applicants to Guy's and not a notional figure derived from everybody applying everywhere all at one time, which used to be the way it worked.

The Careers lady asked some easily answered questions about the size of the intake, the number of applications, and what extra demands academically we make over and above the basic requirements, and then went on to ask two questions which made me glad she had made the effort to write. First, she asked, whether a candidate's personal qualities were considered important, and, if so, which ones. Secondly, she wanted to know how many of our qualifiers work in beauty clinics and health farms, as these seem to be areas of great interest to her clients.

I have thought before that we, as a professional group, have not made a very good fist of our public relations, and have said that even within the hospital, we frequently fail to make others appreciate what we actually do and how we can help, but even so, I had not believed that these misconceptions could exist in such a quarter. It is a bit depressing sometimes to think that physiotherapists are considered as a cross between the, hopefully affectionate, caricatures in Residents' Plays and the sportive ladies portrayed in the massage parlour ads in "Playboy".

I suppose the second question adds point to the one about personal qualities and I hope that my answer will have convinced my enquirer that, yes, they are important and no, our students do not trek straight from Guy's to the nearest topless sauna bath.

But still, thank goodness she asked. Whatever might our future applicants have been like?

BOOK REVIEWS

"A Colour Atlas of Human Anatomy" by R. M. H. McMinn and R. T. Hutchings. Pp. 352, 12 x 10 ins. Wolfe Medical Publications. Price £15.00.

For centuries the anatomical atlas has been a central cultural artefact in the arcana of medicine, but not, however, an archaeological artefact, for it is still with us. The older atlases have indeed become objects of almost abject veneration, especially amongst clinicians. They are almost always large tomes, sometimes even "elephant folio" in size, and correspondingly expensive. Circulation (as far as this word is possible for such weighty objects) is therefore limited, leading to ever-rising prices, beyond the normal effects of inflation. Recently, sizes have diminished but—pro rata—prices have augmented. Nevertheless, with undiminished zeal, the traditional partnership between medico and artist has produced many more expensive volumes, chiefly remarkable for their artistry and excellence of printing. Few authors have resorted to photography, and the atlas here reviewed is a doubly interesting departure in being wholly photographic.

Professor McMinn and Mr. Hutchings, of the Department of Anatomy of the Royal College of Surgeons have ransacked the museum of the College; and the photographic skill of the latter and the former's textual and general supervision have resulted in a very handsome work. The photographer's expertise has only failed where the original specimen is poor or unsuitable. Apart from a few such failures the photographs are always good and often superb. The illustrations of bones and muscles are particularly excellent; it is a pity that the authorship of the dissections is not (and perhaps cannot be) acknowledged. Dr. Tompsett's corrosion technique preparations, for which the College's Musuem is noteworthy, are naturally much figured, and perhaps too much, for some of the casts are too detailed for unmagnified photography, giving the impression that the photographer and printer have failed, which is not the case. Some of the radiographs also testify to some carelessness in selection, for they display dirt, hairs and scratches which sully such a splendid book. There is also some unnecessary duplication and wastage of paper, but the general effect is so good as to make one feel uncharitable in mentioning obvious defects.

There is controversy over the value of anatomical atlases, whose text is almost always limited to identification tabs. Function and the dynamic aspect of structures is customarily ignored—a shibboleth perhaps of the Vesalian statuesque portrayal of human anatomy. Despite these traditional restrictions, the McMinn-Hutchings atlas is a superb production. Its photographic accuracy puts it in the forefront and it may well become a classic in its field, especially if the few defective illustrations can be amended or expunged in a second edition. The likelihood of the latter occurrence is enhanced by the price, which is very modest considering the excellence of the paper. British anatomists should be proud of this national effort, but was it really necessary to print the book abroad?

ROGER WARWICK.

A *Synopsis of fevers and their treatment* by J. H. Lawson. Published by Lloyd-Luke. Pp. 328. Price £6.00.

This is the 12th edition of "A Synopsis of Fevers", which must be an indication of its popularity, and probably explains the continuation of the word "fevers" instead of communicable or infectious diseases. The latter terms would do more justice to the wide range of subjects covered in this remarkable, though only slightly more than pocket-size, textbook.

The objective of the Synopsis remains the same—to present within reasonable bounds essential information on modern practice in infectious diseases. In this it succeeds admirably, weeding out obsolete material and emphasising the important advances in the diagnosis, management and prevention of a host of infections. These include the common "fevers", and new chapters on virus infections of the C.N.S. of the respiratory tract in children, cytomegalovirus infection, viral hepatitis, brucellosis, leptospirosis, psittacosis, Q-fever, toxoplasmosis, toxocariasis, anthrax, rabies and lassa fever. The lists of references at the end of each chapter are first class—and readily available!

There is an interesting chapter on the treatment of fevers in general. I doubt whether everyone would agree that "bed rest is essential for the treatment of all infections . . ." or that "anti-pyretic drugs have no place in the treatment of fevers", or that "barbiturates should be prescribed for sedation or insomnia".

There are some who would disagree with the recommendation to "scrub-up" before and after attending to patients, (scrubbing brushes can be dangerous!). However, these are small points of criticism, especially when there is such excellent advice on the management of bacterial shock and the uses (and abuses) of antibiotics.

A book of such modest size and cost cannot be expected to provide illustrations, but it is well written, the author packs it with useful information and no unnecessary jargon. In his preface Dr. Lawson states that it was originally intended for the pocket rather than the satchel. However you may care to carry it around, I can strongly recommend it to all students of infection, both undergraduate and postgraduate.

P. BLACKLEDGE.

Gingivitis. Dental Practitioner Handbook No. 2. 2nd Edition. By W. G. Cross. Pp. 44. Price £3.25. John Wright & Sons Limited, Bristol.

This is the second edition of a book first published in 1965, since which time there have been a number of advances in knowledge of the cause and natural history of periodontal diseases. Perhaps the most important new information concerns the role of plaque micro-organisms in the onset of disease and the employment of methods to control the accumulation of these deposits.

The book comprises eight chapters and an adequate index. The chapters included are concerned with The Healthy Gingiva, Bacteria and Plaque, Acute Gingivitis, Chronic Gingivitis—diagnosis, cause and treatment—Recession, Hyperplasia and Prevention. The book is liberally illustrated with colour and black and white photographs, but unfortunately, the former have lost quality in reproduction.

The material throughout is presented in a simple and extremely readable form. The text contains no "jargonese" and the author has allowed himself no literary frills, other than a sage quotation at the beginning of each chapter. Despite his very wide experience over many years, Mr. Cross has refrained from allowing his own point of view to dominate the text; he has stuck rigidly to traditional teaching and therein lies the strength of the volume. It can be recommended unequivocally to undergraduate dental students preparing for Finals and to General Practitioners who want to have an up-to-date account of this ubiquitous disease at their finger tips. However, those who are preparing for the new-style F.D.S. will probably find that the information is of insufficient depth for their needs, but those who require to refresh their knowledge before going to the bigger textbooks will find it invaluable.

M. N. NAYLOR.

Textbook of Orthopaedic Medicine, Volume II—Treatment by Manipulation, Massage and Injection. 9th Edition. Pp. 462. Plates 156. By J. Cyriax and G. Russell. Price £7.50. Bailliere Tindall, London.

This is the 9th edition of Dr. Cyriax's famous book, first published in 1944. The larger Volume I, entitled "Diagnosis of Soft Tissue Lesions" was recently published in its 6th edition in 1975.

James Cyriax was, until his retirement, Consultant in Orthopaedic Medicine at St. Thomas's Hospital, London—a title and discipline that he has pioneered and championed throughout his career.

As the sub-title implies, the emphasis is very much on massage, manipulation and local injection with either corticosteroid or local anaesthetic. The first section of the book sets out the reasoning behind Dr. Cyriax's individualistic approach. His plea is for the physiotherapist to learn manipulative techniques and apply them on medical prescription and in this aim, 1,000 physiotherapy students at St. Thomas's have benefited from his personal tuition over the years.

The bulk of the book comprises a well illustrated and annotated description of the various techniques advocated. Included are some techniques now largely abandoned, e.g. injection of sclerosants and of silicones, whilst ultrasonic therapy, which enjoys almost universal use is omitted apart from a reference to its use as a medium for the phonophoresis of hydrocortisone through the skin.

There is much of interest in this book for physiotherapists, rheumatologists, orthopaedic surgeons and general practitioners.

R. GRAHAME.

CORRESPONDENCE

The Pavitt Report

Sir,

I read with interest the editorial in volume 91 of the Hospital *Gazette*. I am most grateful to you for the continued interest this has aroused in the Report of the Working Party that I chaired in the hope of improving dental health.

Originally the members of the working party prepared a consultative document which, to our amazement, went into three reprints. However, this was a genuine consultative document, and as a result of the suggestions from all quarters of the dental profession and other bodies and persons we then proceeded to adjust and amend the report in the light of the new evidence. As a consequence we had to prepare a final document which we submitted to the Royal Commission on Health, and I now enclose a copy of the final report which, as you will see, runs to 73 duplicated pages.

Your editorial is quite correct in that the cost of such a exercise has fallen entirely on the working party which had no access to any funds other than what we ourselves contributed.

Yours faithfully,

LAURIE PAVITT.

House of Commons,
London, SW1A 0AA.

Editor's Note: We are grateful to Mr. Pavitt for his letter and for sending us the report of his Working Party, which is entitled A Challenge for Change in Dental Health. This will be kept in the Dental Library and can be seen there by all.

Students' Bar

Sir,

Since he wrote to you (Guy's Gazette April 1977) David Denning has learned that when the East Wing was eventually rebuilt, largely though the persistence of Sir Rowan Boland, in the face of Ministerial opposition and structural difficulty, the Billiard Room was sited where it is for overriding structural reasons. It had to be sited on the lower ground floor of the building and outside the rectangle of the oldest part of the Hospital. The East Wing was rebuilt on new piles and foundations. The original rectangle of the Hospital was reconstructed on its original foundations and walls—these foundations and the wooden piles on which they rest were reinforced by a cementation process designed to consolidate and stabilise the ground. The Table Tennis Room is within that original rectangle and the Architect ruled against that site for the billiard tables. They must therefore remain where they are or be removed from the Clubs' Union premises.

Quite apart from these overriding structural constraints, there are strong practical arguments for leaving the Billiard Room and the Table Tennis Room where they are. Both were purpose built. The Billiard Room has a top quality polished parquet floor, which is unsuitable for table tennis or, for that matter, for a Bar Lounge where beer may be spilt and cause the wood blocks to rise. The floor was carefully levelled where the billiard tables were to stand. The Table Tennis Room has a non-slip "altro" floor, which was put in specially for table tennis. The lighting system in both rooms was also designed for their particular purposes. The ceiling height of the Billiard Room is only 8ft., compared with a minimum requirement of 9ft. for club match table tennis and the Table Tennis Room's actual 9ft. 7in.

The Table Tennis Room is a versatile room, which has also been used for a wide variety of other purposes including: meetings held at times when the North Common Room is not available or there is a noisy function taking place in the adjacent Ball Room, firm dinners and other small parties, orchestra practices, theatrical rehearsals, scenery-painting parties. If there was not such a room it would be badly missed.

The present Bar now copes with a turnover in excess of £54,000 per annum at 1975–76 prices, mostly within 40 weeks of the year; and for a student body of 1,000 undergraduates it is arguable that it is already a fully adequate facility. In 1973–74, before the Bar was enlarged (at a cost of £3,200; borne by the School), the annual turnover was only £22,000. The Bar's storage facilities are already over-stretched and could not cope with a substantial increase in stock. Any further increase in turnover would increase the load on an already stretched Accounts Office and increase the considerable financial risks which the Bar accounts involve for the Clubs' Union.

Some two dozen wood-framed fireside chairs placed in the Bar Lounge in 1975 were wrecked within a few weeks. Some of these have recently been restored at the School's expense and are now in the Table Tennis Room. It is apparent that they are not strong enough for the Bar Lounge. Similar furniture in an enlarged Bar Lounge is more than likely to suffer a similar fate.

The floor area of the present Bar Lounge (excluding the area behind the Bar) is approximately 1,000 sq. ft. The area of the Billiard Room is approximately 1,350 sq. ft. The enlargement of the Bar Lounge by the addition of the Billiard Room would more than double the area requiring heavy cleaning daily—seven days a week—and add materially to the maintenance costs of the East Wing, which are borne by the School and amount to a considerable subvention per student—approximately £47 per annum.

While writing about the proposed enlargement of the Bar, it is worth noting that the East Wing Bar has had much time and money spent on it by the School since it opened in 1964. Improvements paid for by the School since 1968 include new floor covering—the vinyl tiles lifted and had to be replaced by sheet vinyl—the installation of ducted ventilation and a wired sound system, the virtual rebuilding of the Bar Counter in 1974–75. The Bar has been redecorated four times in the last nine years and on the last occasion, in the Summer of 1976, the complicated colour scheme was designed by Watkins Gray Woodgate International, the School's Architects. At the same time a new ceiling and a new lighting system were installed and the third set of curtains since 1969 was fitted. Fourteen metal-framed chairs which were new when the Newcomen Street Extension Bar was opened in the 50's have recently been renovated for the second time at the School's expense and are now once more in the Bar. Within a month one has been damaged. Since 1968 some thousands of pounds have been spent out of School funds, and a further £1,230 out of Bar profits, on renewals and improvements to the Bar fabric.

It has been suggested that money to alter the East Wing facilities could be raised by an appeal, but such an appeal would be in competition with, and therefore to the disadvantage of, the efforts that must continue to be made to raise money for Wolfson House. The need for a large block of residential accommodation was regarded by generations of Guy's students as being of the highest priority. Other special appeals have not taken place because of the Wolfson House appeal. In this way the School has concentrated its efforts and has achieved a remarkable measure of success. Furthermore, before the School could make a public appeal it would have to obtain the approval of the Senate of the University of London. It is doubtful whether the Senate would regard an appeal to alter the East Wing as worthy of approval, particularly as the University's share of the cost of rebuilding the East Wing in 1964 was approximately £¼ million and the Clubs' Union premises thus provided at the University's expense must still be as fine as any.

Yours faithfully,
DONALD BOMPAS.

Medical School Office,
Guy's Hospital,
S.E.1.

Sir,

As problems become progressively worse in the N.H.S., the neeed for a new political approach has become clear. To this end it has been decided by a group of forward thinking students at Guy's, to adopt a completely radical outlook.

Partly as a celebration of 60 years of Bolshevik rule, and partly in response to the worsening standards under Imperialist mismanagement, we are glad to announce the formation of a Marxist-Leninist cell at Guy's.

We would like to stress, that though we entirely agree with the line being towed by Moscow at the moment, that we are independent of the Kremlin for financial support and idealistic direction.

Our preliminary changes planned for Guy's are, we are glad to say, comparatively moderate. For example, we feel that due to increasing air pollution in the Southwark area, we propose to turn the consultants' car park into a pedestrian precinct and a rock garden. We also feel that, to reduce the artificial differential between medical staff, that all staff should wear white coats, and address each other as Comrade, despite medical qualifications or sex. We are happy to say that no money will need to be spent to accommodate the Party machine, as we shall progressively take over the Nuffield block over a two-year period.

For the future, we have more ambitious plans to safeguard equal opportunities in the N.H.S. For instance, the problem of increasing numbers of surgeons can be met by performing all operations twice, and redundant psychiatrists may be gainfully employed in analysing each other. We also suggest that the statue of Thomas Guy, in the rock garden, be replaced by one of Karl Marx.

Unfortunately, at this moment, we have the ideal number of members, for an underground revolutionary cell, and any increase in members would merely increase the bureaucracy involved without increasing efficient striking power.

Watch this space for future bulletins.

Yours faithfully,
Communist Revolutionary
Action Party.

SPORT

SOCCER

Association Football Club A.G.M.

The A.G.M. on the 29th April saw the last appearance of Professor G. A. D. Haselwood as President. Prof, Haselwood was elected President on the 11th of May, 1954, and there can be few presidents throughout the Clubs of the Union who have achieved such a long stay of dedicated and distinguished service.

Characteristically witty, Prof. Haselwood's speech was continually interrupted by loud cheers and laughter. As a token of gratitude for the major rôle he has played in guiding and building up the Club, Prof. Haselwood was presented with an engraved silver goblet. I know all of those, past and present, associated with the club will wish to give their special thanks to our outgoing President and to welcome his successor, Professor R. J. Robinson. We wish him all the best in his future office.

S.P.

HOCKEY

Folkestone Hockey Festival 1977

The bulk of the team arrived on Thursday evening, to be reinforced later by the veteran drinkers A. Kingon and P. Wilmer. Training began in the bar, for the match the following morning.

Guy's v. Old Canterburians

In this match O.C. had the early pressure and J. Pascoe policed a penalty flick into the crossbar before O.C. took an early lead. This stung D. K. Elliot and R. Plowman into action up front and Guy's won several short corners, one of which C. Hendy slotted home. Then D. K. Elliot finished off a dribble to put Guy's in the lead. However O.C. renewed the pressure and equalised before half-time.

In the second half, a master stroke of tactical play put P. Wilmer on the field, and he was on hand to bend a shot past the goalkeeper from the narrowest of angles. Guy's continued to apply pressure and the final whistle went with a 3—2 victory to Guy's.

The team celebrated that night; consequently the 100th match versus the Old Dragons was lost the following morning.

The Sunday match versus St. Luke's was one of the best performances by Guy's. St. Luke's went two goals up within five minutes thanks to two converted short corners. However Guy's then came back into the game and R. Burns made a short corner for C. Hendy to equalise. Against the run of play, St. Luke's then scored a third goal.

At half-time a pep-talk put new life into Guy's and C. Hendy converted a second short corner before R. Burns equalised. M. Harris, G. Saward, and C. Hendy were having magnificent matches, and as Guy's tired, J. Pascoe made a succession of saves and the match ended in a draw.

That night an extra match was arranged against Iceni, who put out a very strong side. However with the help of a team curry, S. Gulamali and S. Flint urged Guy's forwards and the result was a creditable 4—0 defeat.

As we left the field, our Dutch opposition, the Old Princess, turned up to play. A postponement was arranged and we met at lunchtime.

Every Guy's player played an excellent match, in particular the inside forwards and the half-back line of J. Horton, C. Hendy, and A. Saward, well supported by M. Harris and M. Craigen. Guy's lost 1—0 but deserved a victory, and for once David Pascoe had nothing to do.

The tour was an excellent introduction to Folkestone for the newer members. Duncan should know his way around for next year.

Many thanks for the support, advice and medicaments from team manager C. J. Hunter-Craig.

Squad: J. Pascoe, M. Harris, G. Saward, M. Craigen, J. J. Horton, C. Hendy, A. Kingon, D. Jones, R. Plowman, P. Wilmer, S. Gulamali, P. Rowley, D. Keable-Elliot, C. J. Hunter-Craig.

J. J. HORTON.

HOSPITAL INFORMATION

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the following Scholarship for the Session 1977–78. Forms are obtainable from, and should be returned to, the Dean, Guy's Hospital Medical School, London SE1 9RT not later than 1st July 1977.

The Sir Alfred Fripp Memorial Fellowship

The Sir Alfred Fripp Fellow is required to promote the advancement of knowledge and research in Psychology, more particularly through the study of children in health and/or disease. The Fripp Fellow is allowed opportunities for study in the Department of Paediatrics and the Department of Child and Adolescent Psychiatry and is required to submit with his or her application a definite scheme of advanced study or research to be carried out during the tenure of the Fellowship. The Fellowship is ordinarily for a period of two years but may be renewed for a further period of up to three years. Candidates must possess a registrable medical qualification and should not be more than 35 years of age. The value of the Fellowship is up to £1,220 per annum according to the seniority of the holder and the amount of time to be devoted to the Fellowship.

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Primary F.D.S.

January 1977

N. G. Clarke

H. T. Davies

R. H. E. S. Kirschen

ENGAGEMENT

The engagement is announced between Michael Bentley and Jennifer Clarkson.

CHANGES OF ADDRESS

Mr. R. H. S. Lane, F.R.C.S., The University of Southampton, Faculty of Medicine, Surgical Division, Graham Road, Southampton, SO9 4PE.

Drs. C. G. and J. A. Langdon, 5 The Dene, Canterbury, Kent, CT1 3NW.

PERSONAL

ESHER/KINGSTON area, 30 minutes Waterloo. Part-time associate 3 days a week. Ultra-modern surgery including Panorex in pleasant family practice Box No. 14/77.

PAPERS BY GUY'S MEN

Adinolfi, M. Transfer of antibodies and hormones from blood into CSF during fetal life: abstract of paper presented at the 5th annual meeting of the European Society for Paediatric Haematology and Immunology, Caesarea, Israel, March 7–9. **Pediatric Research**, 1976, **11**, 52.

Alberman, E. Prevention and health—are we positive enough? **Queen's Nursing Journal**, 1977, **19**, 281.

Baskett, J. J., Beasley, M. G., Murphy, G. J., Hyams, D. E. and Gosling, R. G. Screening for carotid junction disease by spectral analysis of Doppler signals. **Cardiovascular Research**, 1977, **11**, 147.

Day, L. J., Thibault, G. E. and Sowton, E. Acute coronary insufficiency; review of 46 patients. **British Heart Journal**, 1977, **39**, 363.

Dixon, M. **and others.** Varicose veins in tropical Africa. **Lancet**, 1977, **1**, 791.

Fensom, A. H., Benson, P. F., Babarik, A. W., Grant, A. R. and Jacobs, L. Fibroblast phosphodiesterase deficiency in Niemann-Pick disease. **Biochemical and Biophysical Research Communications**, 1977, **74**, 877.

Fleminger, J. J., Dalton, R. and Standage, K. F. Age as a factor in the handedness of adults. **Neuropsychologia**, 1977, **15**, 471.

Gregson, N. A., Kennedy, M. and Leibowitz, S. Gangliosides as surface antigens on cells isolated from the rat cerebellar cortex. **Nature**, 1977, **266**, 461.

Hawk, J. L. M. Dermatofibrosarcoma protuberus. **Clinical and Experimental Dermatology**, 1977, **2**, 85.

Ivanyi, L. and Lehner, T. The effect of levamisole on gingival inflammation in man. **Scandinavian Journal of Immunology**, 1977, **6**, 219.

Newman, D. L., Batten, J. R. and Bowden, N. L. R. Partial standing wave formation above an abdominal aortic stenosis. **Cardiovascular Research**, 1977, **11**, 160.

Oldham, A. J. and Gaind, R. Community psychiatry in a London borough. **British Journal of Psychiatry**, 1977, **130**, 355.

Pharoah, P. O. D., Alberman, E., Doyle, P. and Chamberlain, G. Outcome of pregnancy among women of anaesthetic practice. **Lancet**, 1977, **1**, 34.

Robinson, R. When is an immigrant not an immigrant? (Letter). **British Medical Journal**, 1977, **1**, 903.

Sparrow, G. P. A connective tissue disorder similar to vinyl chloride disease in a patient exposed to perchlorethylene. **Clinical and Experimental Dermatology**, 1977, **2**, 17.

Stepanas, A. V., Mashiter, G. and Maisey, M. N. Serum triiodothyronine: clinical experience with a new radioimmunoassay list. **Clinical Endocrinology**, 1977, **6**, 171.

Stubbs, D F. Modules of gastric emptying. **Gut**, 1977, **18**, 202.

Vale, J. A., Crome, P., Volans, G. N. and Goulding, R. Dangers of dextropropoxyphene (Letter). **British Medical Journal**, 1977, **1**, 975.

Wells, R. S. **and others.** Universal dyschromatosis, small stature and high-tone deafness. **Clinical and Experimental Dermatology**, 1977, **2**, 45.

GUY'S HOSPITAL GAZETTE

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MONTHLY 25 JUNE 1977 VOLUME 92 NUMBER 2271

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

June 1977 was a fairly ordinary month as months go, with one exception. On June 7th the people of Great Britain, the Commonwealth, and indeed the world celebrated the Silver Jubilee of Her Majesty Queen Elizabeth II. She has spent twenty-five years on the Throne of England as Head of State, a period longer than my lifetime.

Twenty-five years of comparatively tranquil rule, with no world wars and no general strikes. Yet there has probably been as much change in Great Britain as a military and economic force in the world, and in the subjects of Her Majesty Queen Elizabeth II, than in any other twenty-five years of our history. There has been a loss of wealth and power, momentary losses of direction, erosions of social structure and a rise in the standard of living. Inflation has come and gone, as a household word—it has become accepted —become everyday—and it appears that like the poor it will always be with us.

Politicians continue to provide us with torrents of increasingly diluted dogma while more financial and economic experts will contrive to confuse us until they can no longer afford the paper to print their predictions.

The National Health Service, a mere baby when the Queen was crowned, has grown and matured into the monstrous shambles of today. A top-heavy, under-budgeted political tool, abandoned by all sides as its cost per vote escalated. Quietly it has been used to solve the unemployment problem. Whether or not we will be able to absorb another 1.8 million administrators by the end of 1977 remains to be seen. We can confidently assume that normal service will be resumed as slowly and inefficiently as is humanly possible.

I would not describe myself as a Royalist, more a loyal subject who has been quietly, almost unconsciously aware of Her presence. However, I thoroughly enjoyed the Jubilee. A tasteful, dignified and glorious occasion, a celebration in true British style. There were Union Jacks, ice creams, red white and blue bowlers amongst the jubilant crowd.

Willie Hamilton appears to have kept himself to himself—a lesson in self-sacrifice. There were no riots, no bloodshed, no jubilee hostages. The only opposition came from the punk-rock movement, such notables as Sid Vicious, Rat Scabies, the Stranglers, and the Sex Pistols preferring to expectorate and perspire until their gold safety pins turn green. Obviously not the exception that approved the rule.

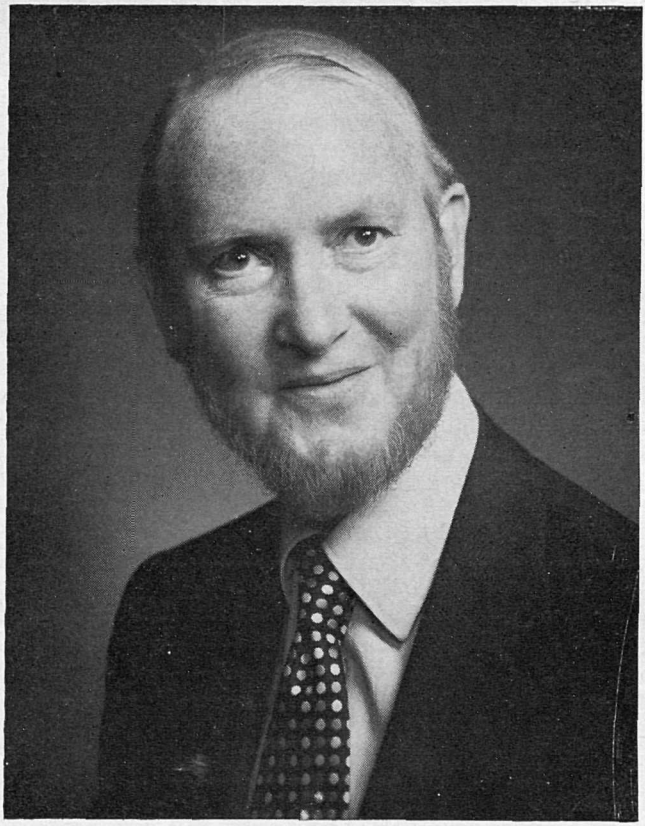
It was a celebration, not only of twenty-five years of Her Majesty's rule, but also of something more alive and more personal than the largest committee in captivity—a benevolent unifying force. It can only be good.

BUT HOW TO EAT?

The students' bar and the catering facilities are perennial sources of complaint. There is hardly a candidate for some student office or other who does not promise their transformation by way of dynamic action. Intricate re-organisation schemes are the usual ploys, along with impassioned attempts to raise money from the medical school.

I feel that the majority of students are content, even if mildly so, with the catering facilities offered by the medical school. Those who do not like eating in the Spit, and that includes myself, are free to go elsewhere. In fact the dairy products, apples and rolls served in the Spit are nutritionally preferable to much of the cooked foods available elsewhere. Anyway, following extension of the bar counter, bar profits more than doubled on the previous year; perhaps we get as much nutrition as we can manage!

D. C. DEUCHAR, M.D., F.R.C.P.



With the death, at the early age of 52, of Dennis Deuchar at his home on the 19th May, Guy's has lost one of its most respected figures.

He entered Guy's as a student in 1943 and qualified in 1948 having achieved numerous distinctions including the award of the Treasurer's Medal and Prize in Clinical Medicine. He obtained the M.R.C.P. in 1951 and M.D. in 1952 After his pre-registration year, during which he was A.H.S. to Mr. Lawrie, Outpatients Officer, and then H.P. to Drs. Hampson, Kauntze and Grant, he immediately started in the specialty which was to be his life's work. He spent nearly three years in the Cardiac Department at Guy's engaged in the development of cardiac catheterisation, thereby gaining an intimate knowledge of this and related techniques and undertaking many of the physiological studies of patients before and during operation in the early days of cardiac surgery performed at Guy's by Lord (then Sir Russell) Brock. He spent a year between 1953-54 as Research Fellow in the Cardiac Department of the Johns Hopkins Hospital where he worked with Dr. Benjamin Baker and began his fascination with ballistocardiography. Apart from this in the years between 1952 and 1958 he was Registrar or Senior Registrar on all the medical firms at Guy's and even spent a year as Neurological Registrar. When, in 1958, he was appointed to the staff as Assistant Cardiologist, he had also become an experienced general physician.

With his appointment the Cardiac Department was one of formidable strength, working closely with one of the most active cardiac surgical teams in the country. Although giving a great deal of time and energy to the enormous amount of clinical cardiology that was required, Dennis maintained close contact with scientific advances in all branches of his specialty, so that, even in those aspects in which he was not himself directly pursuing research, he was always widely read and well informed. His capacity for work and his remarkably well organised style of life enabled him to find the time to be, for several years, Associate Editor of the *British Heart Journal* and Editor of *Guy's Hospital Reports.*

His book, *Clinical Phonocardiography,* published in 1964, is a small, superb classic. Not only is it a testimony to his gift of clear expression, illuminating what is for many a dark area, but it still provides, for those who are interested, a description of cardio-vascular sounds which is as useful now as it was when it was written. The more purely scientific aspects of cardiology appealed to him because of their intellectual stimulation and this was probably the explanation for his interest in ballistocardiography, a subject which he pursued with a small select band of devotees over many years. He regarded it as an intriguing field for study by physicists, physiologists and physicians, and he himself devoted many hours of happy academic research to it. He believed that the technique would shed light on myocardial contractility and yield important knowledge to be used for estimating the performance of the heart. His other contributions to scientific journals over a period of 25 years covered a wide range of cardiological subjects

Notwithstanding all these achievements, Dennis Deuchar will be remembered by his medical and surgical colleagues as a superb clinician, a complete master of his subject to whom one naturally turned for help. He always responded immediately and, however hard pressed himself, the consultation would be courteous, unhurried and painstaking. When, at the end, he gave his opinion, every facet would have been considered (often including some which had previously been overlooked) and a clear plan of management advised. There was usually no need for further questions and seldom any argument. One simply knew that he was right. His own patients were indeed fortunate and most of them were aware of this, for his quiet, kind manner and the gentle thoroughness of his approach inspired complete confidence. He ran his department with equal efficiency, taking a full part in undergraduate and postgraduate teaching and organising a comprehensive training scheme for technicians in whom he had always taken a special interest. He took a great interest too in his junior colleagues who valued his wise guidance with their careers and their research and who marvelled at his mastery of rapidly advancing techniques on so many fronts.

Outside medicine he enjoyed music, reading, travel, good food and wine (he made many reports to the *Good Food Guide*) and the company of his devoted family. He fought an intermittent battle against serious illness over many years, often ignoring it and seldom permitting it to interfere with his work and enjoyment of life. To the end, when he was losing, he was in touch with all that was happening in his department and seeking ways of returning to work long after others would have given up. Those who knew him well were able to observe the heroism of his fight, but even those from whom this was concealed recognised in Dennis the unusual qualities of a gifted man and a great doctor. With his widow Daphne and their two sons, who did so much to sustain him in recent years, we share their sorrow, as we at Guy's will miss him very much. It may help them to know how grateful we are to have known and worked with such a rare and loveable man. R.K.K.

CLUBS' UNION NEWS

The Summer General Meeting of the Clubs' Union was held on Monday, 13th June, at 1.00 p.m. in the ballroom. It was unfortunate in many ways that this date was chosen as many people were in the midst of preparing for exams, and thus only about 70 people were present. However, it was very heartening to see so many of the people who were there actually taking an active part in the proceedings by asking questions and suggesting ideas. As I have said many times before, and will continue to emphasise, the Union is here for everyone and only by taking an interest in the affairs of the Union can it function properly. The General Meetings are most important for this reason, and I believe there is probably a very good case for holding more than three a year, to keep people in touch with what is happening and to gain invaluable feed-back from everyone that the Union represents. It is for you to badger your representatives with suggestions and criticisms so that they may do their job of representing you properly.

The General Meeting discussed various topics which are outlined below, although it is only possible to give a brief resumé of what was actually said. Reports were received on the Medical Students Societies Conference, the NUS National Conference and NUSHS (Health Sector) conferences. The *Gazette* has already published a report on the NUS conference and so I will not say any more about this. One of the most important things to come out of the Medical Student Societies conference is the possibility of getting together to buy items such as medical instruments, sweat shirts, etc., at a considerable discount for the benefit of all the students. Several meetings have taken place since then between various interested London Medical School Unions and we are hoping to be able to offer considerable discounts on stethoscopes, ophthalmascopes, etc., fairly soon. More details will be available as soon as we have them, but I would be more than willing to discuss this with anyone who is interested.

A report on the setting up of London Student Travel Ltd. was received and discussed. This is now operating from the old NUSTS offices at 117 Euston Road, NW1 2SX (tel. 01-387 9456), and is a travel agent for special discount student travel operations. As well as this it is selling British Rail Student Cards, and can arrange travel insurance. If any of you are still planning your summer holidays I suggest you go along and see what they are offering. The Union office has some leaflets on some of their offers which may also be of some use.

The question of buying shares in LST was discussed, in order to keep LST under student control, which is clearly desirable, and it was agreed that this would be looked into when preparing next year's Union budget.

An interesting discussion was held regarding the possibility of having a student member on the boards interviewing potential students. It has been discovered that at present this was against the statutes of the University, and so no formal motion was passed on this issue, although it was clear that a large majority of students present felt that it was basically a good idea.

The ever present controversy of the catering arrangements in the East Wing was once again raised. One of the fundamental problems facing the Catering Committee is that it is not at all clear what the students actually want; there is always a barrage of criticism about the arrangements, but very few constructive ideas indeed. With this in mind the student members of the committee are going to meet regularly in an earnest attempt to monitor

the situation closely, to try and collect and collate criticisms, and then to liase with Miss Redsull, Mr. Bompas and the Catering Committee. Once again I return to the importance of your assistance if this is to work at all. The catering representatives are Tim Palmer, Tim Watson, Moira Griffiths and myself.

The question of pre-registration jobs for doctors was also discussed. This is an issue which has recently been causing quite a stir, not only among medical students, but also among many doctors. Briefly, the situation is as follows.

A shortage of medical manpower became apparent in the early 1960's, resulting in the Government planning an increase in medical student numbers. However, within the next few years there are not going to be enough pre-registration jobs to match the increasing medical school output. With this in mind, the DHSS convened a meeting to discuss the problem. From this came the suggestion that every region should expand the number of pre-registration posts available. However, this did not take into account factors such as NHS cuts, and so there is no way that the planned increase of pre-registration jobs will be implemented.

The situation is obviously potentially very serious and I have much information, facts and figures for any interested persons. The local situation at Guy's is actually much better than at many hospitals, but this is not to say that we should not be concerned about it. The ULU Medical Group and NUSHS held a Press Conference on Wednesday, 1st June, on this issue in an attempt to bring it to the public eye. We (ULUMG) are keeping the situation under scrutiny and are raising various suggestions to relieve the problem, such as the setting up of a national clearing system to help doctors to find jobs outside their health authorities if necessary, and are pressing the DHSS to give urgent consideration to the creation of new posts.

It was pleasing to see that as a result of the Press Conference, the situation was highlighted in the national press, with many papers carrying reports of this situation, including a leader article in *The Times.* The DHSS was quoted (*Daily Mail,* 2nd June) as saying "With the fact that it costs about £40,000 to train a doctor, you can be pretty sure that we are going to find jobs for them . . ." Does anybody need reminding about a similar situation with teachers?

Two general points (not discussed at the meeting). I am in the process of compiling information for the Union on many topics from British Rail timetables to Citizens' Advice Bureaux, Student Insurance, etc., so that the Union can offer a really useful service to all. If you have any ideas about information which would be useful, please let me know.

Anyone who is interested in paying Lacrosse next term please contact Ariane Kumar, via the East Wing pigeon holes or on 4th floor, Wolfson House.

Francis Hughes.

THE STUDENTS' BAR

When I became Bar Secretary many people expressed their disapproval of the lack of glasses in the bar and I have endeavoured to rectify the situation. However, this has not been fully successful. I have found that full shelves of glasses leads to higher glass losses (although I do not advocate empty shelves to solve the problem!). It is perhaps of interest to note that

from January to April this year, £250 has been spent on replacing glasses compared with £75 for the same period last year. This represents 21% of our annual profit assuming the rate remains constant throughout the year. If the rate of loss does not decrease, I regret that we shall have to increase our prices. So please treat your glasses with respect. It is you who will be suffering the consequences. With regard to the tills every effort has been made to ensure they function properly. Until recently we have been in receipt of tills which have not been properly repaired. Fortunately at last the situation is rectified and hopefully for good. We apologise for any inconvenience. A second glass washing machine has been delivered and installed to help ensure cleaner glasses and is now in full use. An ice-making machine has also been installed and will ensure the availability of ice at all times (even at Hops and Inflams!) so if you would like ice in your drinks, please ask the bar staff. Some of the more awake bar frequentees will realise that Tankard is no longer being sold and has been replaced by Worthington E! This is because Tankard has not been selling well. Regrettably, Heineken has also been replaced (by Harp). Both these are supplied by Whitbread and they do not seem able to guarantee supplies. As supplies were intermittent and rare last summer, it was decided not to suffer the inconvenience again. Finally, I wish you all good drinking in the future (preferably in our bar!) and if anyone has any useful criticisms or suggestions I would be glad to hear them.

Richard Johns, *Bar Secretary.*

THE JUBILEE FETE

Once again Guy's Park was miraculously changed overnight into the site for the League of Friends' Summer Fête. This year was a special occasion as the fête celebrated Her Majesty's Jubilee.

The weather was beautiful, if a little windy, the stalls were bright and attractive—a good time was had by all.

A large crowd made up of staff, students and patients, packed the stalls, cleared the Tombola and had its future told. Tall dark strangers and hand knitted woollen hats were in abundance.

It was a very pleasant occasion, seeming to bring the hospital together, particularly enjoyable for the patient, very many of whom took the opportunity of a short while out of the ward.

In addition a large amount of money was raised to augment "Radio Guys" and we would like to congratulate the "Friends" on their achievements on behalf of the patients of Guy's Hospital—we also publish a list of the raffle winners.

List of Prize Winners in the Silver Jubilee Grand Raffle 1977

1st Prize. Luxury Holiday for 2 presented by Mr. and Mrs. E. Gunner at The Royal Victoria Hotel, Sidmouth.
No. 00782. Mrs. J. M. Wass, 8 Grenville Court, Lymer Avenue, SE19 1LR.

Additional 1st Prize. Self Catering Holiday for 4 presented by Pontin's Holiday Ltd.
No. 03539. Mr. Burton, 28 Burwash House, S.E.1.

2nd Prize. Hand Crocheted Lace Counterpane.
No. 07222. M/S Parson, 6 Mullens House, Charlfield Avenue, Putney, SW15 6OA.

3rd Prize. Large Silk Lampshade.
No. 02988. M/S Aldrich, 5 Buckhurst Close, Redhill, Surrey.

4th Prize. Italian Pottery Umbrella Stand.
No. 08836. Dr. D. M. Carnegie, Guy's Hospital.

5th Prize. Garden Umbrella.
No. 02932. Mrs. M. H. Goonting, 12a Lancaster Park, Richmond, Surrey.

6th Prize. Case of ¼ Bottles Champagne.
No. 03512. Sister Douglas, Astley Cooper Ward, Guy's Hospital.

7th Prize. Cona Coffee Machine.
No. 06771. Miss P. Osborne, 28 Glengall Road, Peckham, S.E.15.

8th Prize. Bottle Chivas Regal Whiskey.
No. 01634. Mrs. Archibald, Birchwood Road, Petts Wood, Kent.

9th Prize. Dressed Baby Doll.
No. 02462. Mrs. P. Finlayson, Silver Trees, Warren Drive, Kingston, Surrey.

10th Prize. Silver Chain and Whistle.
No. 07883. Mr. John Green, c/o Poodle Parlour, St. James Road, S.E.1.

11th Prize. Dried Flowers (Picture).
No. 00233. Mrs. Rowan, 529 Hook Road, Chessington, Surrey.

12th Prize. Bathroom Scales.
No. 00269. Mrs. E. H. Pritchard, 91 Robin Hood Lane, Kingston, S.W.15.

13th Prize. Stainless Steel Tea Set.
No. 08148. Mrs. M. Edmundson, Chislehurst. Otford 3106.

14th Prize. 3 lb. Box Black Magic Chocolates.
No. 06804. Miss D. Seabourn, Nurses' Home, Guy's Hospital.

15th Prize. Picture in Frame.
No. 08881. Mrs. C. Wells, Orchard Way, Sussex.

16th Prize. 2 lb. Box of Terry's Chocolates.
No. 00300. Mrs. H. Watson, 63 Bingham Road, Bishopsdown, Salisbury, Wilts.

17th Prize. Tin of Huntley & Palmer's Biscuits.
No. 03637. Mrs. Cross, St. Peter's Convent, Maybury Hill, Woking, Surrey.

18th Prize. 1 lb. Terry's Old Chocolates.
No. 04877. Dr. Taplock, Guy's Hospital.

19th Prize. (Vouchers) Albery Theatre 2 Tickets.
No. 08628. Mrs. J. Smith, 16 Wordsworth Road, Welling, Kent.

£5.00 Token Willerby Tailors.
No. 02442. Mr. S. Parrey. Murston 5388.
Boots Voucher.
No 05008. Mrs. Langford, 51 High Lea, Yeovil, Somerset.
Albery Theatre 2 Tickets.
No. 08076. Miss A. Clark, Pathology, Guy's Hospital.
Berni Inns Voucher £3.
No. Dr. H. Rogers, 31 Merrick Square, S.E.3.
Cooked ½ Gammon Voucher.
No. 00772. Miss Coventry, 26 High Road, Broxbourne, Herts.
Cooked ½ Gammon Voucher.
No. 07126. Dr. A. M. Hutton, Guy's Hospital.

A cake decorated as a Basket of Flowers was made and presented by Mrs. Roy Sharland and Raffled separately. This was won by Miss M. Bompas, 8 Tyrolean Court, Avenue Road, Banstead.

A Patchwork Counterpane made by Miss B. Whyte and the School of Nursing was Raffled and won by Nursing Auxiliary Iffel of New Cross Hospital.

AN ADDENDUM TO THE REPORT ON THE ELECTRONIC STETHOSCOPE

S. Muntarbhorn, F.R.C.S., Bangkok

I am glad to have read the report of the use of the electronic stethoscope in the February issue, that reached me 90 days later, as the instrument has been of great value in my clinical examination in the last 10 years. I am stone deaf and all communication must be done in writing. I have been practising cardiac surgery up until 2 years ago and general surgery since.

After forty, the first sensory organ to degenerate is the inner ear; I damaged mine by shooting lessons, and normally clinicians may experience a sensorineural loss of hearing to a greater or lesser degree. It would seem a great pity for those who have learned so much from auscultation to have to lose it through the gradual loss of hearing. For these clinicians, the solution is an electronic stethoscope, which will enable them to detect any murmur, the opening snap, the split second sound in atrio-septal defect, the to-and-fro murmur or machinery murmur, or even the wheezy expiratory rhonchi in an asthmatic attack. You can also detect the increased peristaltic sound in obstruction and measure the diastolic pressure.

The amplification 10 and low frequency are always used on 4-pen-torch battery stethoscope, and you can hear the heart sound well through the patient's shirt, which is difficult with the normal binaural stethoscope. One electronic stethoscope will last for a year and if auscultation is an essential part of his practice, 2-3 spare ones may be kept as a stand-by. I have thrown away about 10. If your hearing is normal, the conventional stethoscope is the best and there is no need to spend on one that has a life of 12 months.

As auscultation is an integral part of the clinician's practice, be it surgical or medical, a severe loss of hearing should not be a disheartening factor. They should be encouraged to use it more and more. I bought all mine from London (Schuco) and with an aid in the right ear, listen with the left. I am sure deaf clinicians will benefit a good deal from it, inasmuch as I cannot live without it.

Editor's Note : The Report on the Pentax ST/IA Electronic Stethoscope by Mr. A. K. Yates was published in the February edition of the "Gazette".

New Appointment— **Dr. Donald MacDonald.**

Donald Michael MacDonald has been appointed Consultant Dermatologist to Guy's Hospital, and will take up his appointment on September 1st this year.

Dr. MacDonald was educated at Blackrock College, Dublin, and Tredegar Grammar School, Monmouthshire. After winning a State Scholarship, he went to Gonville and Caius College, Cambridge, where he was awarded an open exhibition, and subsequently to St. Thomas's Hospital Medical School, where he qualified with the degrees of M.A., M.B., B.Chir. (Cantab.) in 1969. Dr. MacDonald's wife, both his parents and one sister are doctors; his other sister is a dentist!

Postgraduate appointments in general medicine have included posts at St. Thomas's Hospital and Lewisham Hospital. On being elected a member of the Royal College of Physicians in 1972, Dr. MacDonald began his dermatological training as registrar at St. George's Hospital, S.W.1, and has since been senior registrar at King's College Hospital, S.E.5, and at St. John's Hospital for Diseases of the Skin, W.C.2, where he has spent two years involved in dermatopathology with Professor Edward Wilson Jones.

Dr. MacDonald's principal academic interests are histopathology of the skin, particularly of congenital diseases, skin tumours and amyloidosis of the skin. He has lectured on these topics at home, in Europe and in America and has written extensively on these and other subjects in dermatology. His non-medical interests include 18th and 19th century English and Continental furniture; he is a keen squash player, skier and water skier. He previously played tennis for St. Thomas's Hospital and rugby for St. Thomas's Hospital and Tredegar R.F.C.

NEW LINK BETWEEN THE THOMAS GUY SCHOOL OF NURSING AND THE POLYTECHNIC OF THE SOUTH BANK

B.Sc. and B.Sc. Hons. in Nursing Studies

The first intake of 12 students linked with the Thomas Guy School of Nursing will commence this four-year course in September, 1977. The degree has been approved by the General Nursing Council and leads to State Registration. It may be followed if so desired by a modified course in Health Visiting, either immediately or at a later date, provided the completion date is not later than one year after the end of the degree course.

This Nursing Studies degree offers an integrated course in biological and social sciences with hospital and community nursing, linked with the Wolfson School of Nursing (Westminster Hospital), the Nightingale School of Nursing (St. Thomas's Hospital) and the Thomas Guy School of Nursing (Guy's Hospital).

The aim of the course is to develop a person well versed in principles underlying nursing, social and biological sciences, able and confident of her ability to plan and deliver nursing care to the sick, to use her knowledge and skills in the community services for all age groups, in health and sickness.

The plan of the course is based on the belief that such academic disciplines as the biological and social sciences contribute certain fundamental principles essential to an understanding of care of the individual in sickness or health, in hospital or the community. Academic studies are thus arranged throughout the course closely integrated with concurrent practical experience or observation. The academic rigour of the degree will be mainly in the intellectual integration demanded, and in the depth of the subject content in the three areas in which principles will be studied.

The course is planned and administered by the appropriate staff from the Polytechnic and the Wolfson School of Nursing, the Nightingale School of Nursing and the Thomas Guy School of Nursing.

Entry Qualifications—Candidates must be at least 18 years of age and possess at least five G.C.E. passes, including two subjects at A level. English and Chemistry must normally be passed at O level. Other desirable subjects are Mathematics, Biology and Physics.

During the first, third and fourth years, students are college based, spending one day a week in hospital. During the second year they are hospital based, spending one day a week in college. Each year a period of 12-14 weeks is spent between May and September as a member of the hospital team. Students will have a minimum of ten weeks' vacation each year. Two weeks' community experience is also arranged at appropriate times each year.

Throughout the course special emphasis is placed on seminars and team teaching to ensure maximum integration of studies and giving a three-dimensional approach to each topic considered.

Students accepted for the course will qualify for a 42-week grant from their Local Education Authorities. They retain student status throughout the course and are supernumerary to staff requirements.

It is to be hoped that all areas of the Guy's District will be utilised by the course, so that the twelve students in each year are able to become familiar with all aspects of the work of the district. Further details may be obtained from the Secretary, Department of Nursing and Community Health Studies, Polytechnic of the South Bank, Borough Road, SE1 0AA.

THE EFFECTS OF USING CUFFS WITH DIFFERENT FASTENINGS ON THE MEASUREMENT OF BLOOD PRESSURE IN CHILDREN

A Study

by

T. J. PALMER

Introduction

Hypertension is an important clinical finding, as are the consequences of untreated hypertension, especially in children. Prolonged hypertension will induce the same histopathological changes in children as in adults, and may also lead, ultimately, to a life-long disability. For example, hypertension may induce fits, which may be followed by permanent brain damage. The thought that an inaccurately taken blood pressure may lead to permanent disability is sobering. Conversely, it may lead to unnecessary treatment, or an incorrect assessment of a child's clinical condition.

In paediatric practice, blood pressure measurement is most often used in the management of renal problems. It does not play so great a part in paediatric cardiology as in adult cardiology because most of the congenital conditions are not characterised by hypertension. However, in children with poor renal function, it is the simplest test of all for routine assessment, as blood pressure tends to rise with falling renal perfusion.

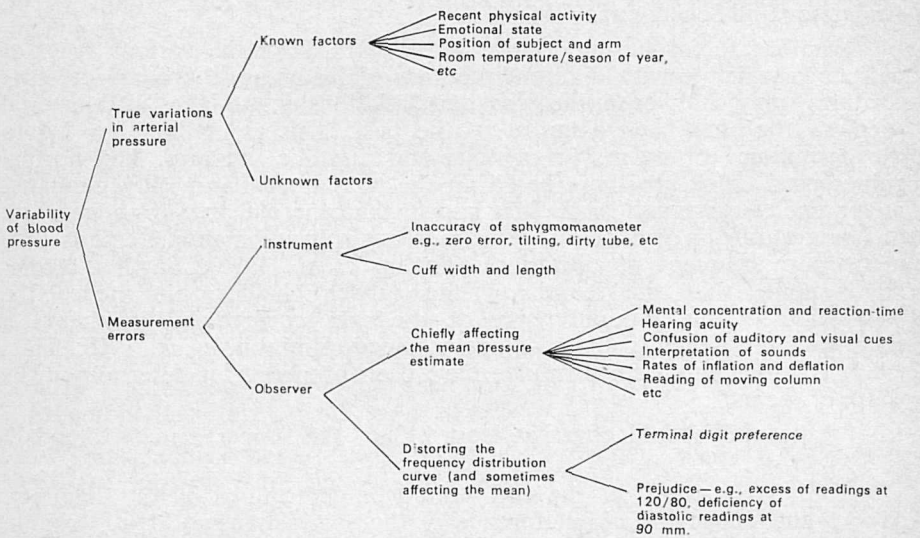


Fig. 1—A schematic representation of some sources of variation in measuring blood-pressure.

The accurate measurement of blood pressure has exercised the scientific mind since 1733, when the Reverend Stephen Hales first used a direct method to measure the blood pressure of a horse, by cannulating the femoral artery. As this was obviously not practicable in men, indirect methods similar to those used today were evolved, using a bladder to apply pressure to the artery and a mercury manometer to measure the pressure applied. Whilst accepting that indirect methods were *per se* less accurate than direct methods, Rose, Holland and Cowley (1964), investigated the factors affecting measurement of blood pressure. Their conclusions are shown in figure I.

The differential between indirect and direct methods of recording blood pressure ought to be constant (Simpson *et al.*, 1965), taking into account the factors above and using a standard method.

Apart from the equipment used, and the state of the patient, Rose, *et al.* (1964) identified three sources of bias. These were:

i) the factors affecting the means pressure estimate,

ii) an observer preference for a particular terminal digit, e.g., a zero or a five,

and

iii) an observer preference for a particular reading, e.g., anything for 110-130/70-90 might be classed as 120/80. Furthermore, borderline readings tended to under-used.

Only the observer can eliminate the last two errors: a constant awareness is required. Good technique, i.e., letting down the column slowly to allow for accurate reading, is also necessary. The major source of error in the first category is the interpretation of the Korotkoff sounds. In England it is now agreed that the muffling of the sounds (phase IV), rather than the disappearance (phase V) is the best approximation to the diastolic pressure (Simpson, *et al.*, 1965, Kirkendall, *et al.*, 1967, Thulin, Andersson and Schersten, 1975).

Another factor of importance is the cuff. With the various types of cuff now available with different methods of fastening, the blood pressure readings may not bear the constant relationship to the intra-arterial pressure that has been assumed in the past. This assumpion has led to the acceptance of norms for systolic and diastolic pressure. The normal values used today are those based on the mercury column sphygmomanometer and 'wrap-round' cuff. It is known that aneroid pressure gauges are not as accurate in general usage as mercury sphygmomanometers, as they need more frequent recalibration. (Thulin, *et al.*, 1975). Further studies have shown that the length of the rubber bladder, and hence the proportion of the circumference of the arm covered by it, makes a significant difference to the readings obtained (Simpson, *et al.*, 1965, King, 1967). Various empirical formulae have been proposed for determining the width of the cuff:

i) the cuff should cover at least 2/3 of the supper arm (Kirkendall, *et al.*, 1967)

ii) that the width of the cuff should be determined by the diameter, and hence the circumference of the arm (Simpson, *et al.*, Thulin, *et al.*, 1975)

King (1969 suggested that in adults the width does not matter, provided the cuff is long enough.

The effect of the method of fastening the cuff on the recorded blood pressure has already been investigated by comparing the velcro fastening with the hook-and-rib type, but no significant difference was found (Simpson, *et al.*, 1965). However, there is a strong subjective impression that the velcro fastening and the standard cuff do not produce the same results, the reason being the 'unwinding' of the velcro-fastened cuff as the bladder is inflated. A study was undertaken to ascertain the accuracy of velcro as opposed to standard cuffs in paediatric practice. The investigation was extended to include adult cuffs folded in half since this method is often used in general practices where the full range of paediatric cuffs is not available. Ward equipment was also tested as a result of work published by Conceiçao, Ward and Kerr (1976).

Materials and Methods

Sphygmomanometers: An Accoson mercury column sphygmomanometer adapted so that a variable bias could be introduced (a 'blind' sphygmomanometer) and standard Accoson ward model spygmomanometer were used. The blind sphygmomanometer was checked against a standard mercury column sphygmomanometer to ensure that there was no fixed bias.

Cuffs: Cuffs with the following bladder sizes were used:

Conventional	Velcro
9 x 5 (ins.)	7 x 4.5 (ins.)
7 x 4 (ins.)	6 x 3 (ins.)
6 x 3 (ins.)	4 x 2 (ins.)
4 x 2 (ins.)	

These cuffs were purchased new, and were made by Accoson. Ward cuffs of the appropriate sizes were used in conjunction with the ward sphygmomanometer.

Subjects: These were in-patients in the Evelina Children's Department of Guy's Hospital, and included some hypertensive children.

Methods: The blood pressure was taken four times in quick succession on all subjects, firstly with a standard cuff, then with a velcro cuff, an adult cuff folded in half, and finally with the ward equipment. The blind sphygmomanometer was used for the first three readings, so that error due to prejudice might be eliminated. The bias was changed randomly between readings and noted after each reading, the true blood pressure being obtained by subtracting the bias from the observed readings. The three cuffs were not used in any particular order, and once these three readings had been obtained the ward equipment was used to obtain the fourth result. The size of cuff used was that which covered at least 2/3 of the upper arm (Kirkendall, *et. al.*, 1967).

The readings were taken in the usual fashion, using a stethoscope with the subjects lying supine. The diastolic pressure was taken to be the point at which the sounds became muffled. Care was taken to let the pressure out slowly so that accurate readings could be obtained.

If a child objected strongly to the procedure, it was not included in the study, as emotion causes the blood pressure to change from moment to moment.

Results:

The results are shown in table I and figure II. The results were subjected to paired T tests, and F tests, using the standard cuff in conjunction with the blind sphygmomanometer as the control (see tables II and III).

The results for the systolic pressure show that the means obtained using the control and ward equipment are almost identical. The mean systolic reading obtained using the adult cuff is significantly greater than the control ($t = 2.15$, $p < 0.05$ for $\phi = 14$). The mean obtained using the velcro cuff, although 8 mmHg higher than the control, is not significantly different from the control (table II). The F distribution shows that the results using the adult cuff and the ward equipment did not differ significantly from the control. ($F = 1.4$, $p > 0.05$, $\phi_1 = 14$. $\phi_2 = 14$ for both). The distribution of the results using the velcro cuff was significantly different from the control ($F = 2.7$, $p < 0.05$, $\phi_1 = 14$, $\phi_2 = 14$, see table III).

The only mean diastolic pressure to differ significantly from the control was that obtained using the ward equipment ($t = 2.39$ $p < 0.05$ for $\phi = 14$). The mean obtained using the adult cuff differed from the control mean by 3 mmHg, but this was not significant (table II). The F distribution showed no significant difference between any of the methods under test and the control (table III, $\phi_1 = 14$, $\phi_2 = 14$ in all cases).

Table I

Subject	Standard	Velcro	Adult	Ward	Cuff Size (ins.)
1	96/72	94/60	104/84	98/64	6 x 3
2	90/64	118/70	78/48	70/48	6 x 3
3	128/54	129/60	138/66	128/60	7½ x 4
4	110/72	150/100	104/74	110/80	6 x 3
5	92/60	90/70	104/64	96/54	7½ x 4
6	92/72	150/68	106/76	108/64	6 x 3
7	114/92	114/82	114/82	112/78	4 x 2
8	98/72	96/66	122/88	108/78	7½ x 4
9	106/64	98/58	94/56	98/64	6 x 3
10	104/62	104/52	114/82	98/60	7½ x 4
11	104/88	90/76	108/86	94/78	6 x 3
12	114/82	116/88	118/84	112/70	6 x 3
13	106/76	110/86	122/90	112/80	4 x 2
14	130/102	144/92	132/100	138/90	7½ x 4
15	120/90	116/84	130/94	106/80	7½ x 4
Means	107/75	115/76	113/78	106/70	
S.D.'s (±)	13/14	21/14	15/14	16/12	

Notes: (1) Standard = blind sphygmomanometer with wrap-round cuff
(2) Velcro = blind sphygmomanometer with velcro cuff
(3) Adult = blind sphygmomanometer with folded adult cuff
(4) Ward = Ward sphygmomanometer with ward cuffs.

Discussion

The results for the use of the folded adult cuff show a significant increase in the mean systolic pressure recorded, but no significant difference in the variances of the adult cuff and the control populations.
The use of the folded adult cuff leads to a falsely high mean. This is to be expected, since when a narrow cuff is used, the full pressure is not transmitted to the artery.

Table II

T-values and probabilities using a paired T-test

	Velcro	Adult	Ward
SYSTOLIC	$t=1.51$ $p>0.05$	$t=2.15$ $p<0.05$	$t=0.44$ $p>0.05$
DIASTOLIC	$t=0.17$ $p>0.05$	$t=1.19$ $p>0.05$	$t=2.39$ $p<0.05$

Notes: (1) 14 degrees of freedom in all instances
(2) Standard cuff was used as the control.

Table III

F-values and probabilities

	Velcro	Adult	Ward
SYSTOLIC	$F=2.7$ $p<0.05$	$F=1.4$ $p>0.05$	$F=1.4$ $p>0.05$
DIASTOLIC	$F=1.02$ $p>0.05$	$F=1.12$ $p>0.05$	$F=1.31$ $p>0.05$

Notes: (1) 14 degrees of freedom in all instances
(2) Standard cuff was used as the control.

With a cuff that is a little wider than the recommended 2/3 the length of the upper arm, no difference in the mean reading is seen, as the pressure in the cuff is transmitted to the artery (Thulin *et al.*, 1975). The mean diastolic blood pressure is also higher (3 mmHg), but is not significantly different. Why the difference in the means seen in the systolic readings is not seen in the diastolic readings is not clear it may have something to do with the pressure distribution through the issues of the arm to the artery.

The mean systolic pressure measured with the velcro cuff shows a greater deviation from the control, but this is not significant because the variance of the velcro population is much larger than the control. The difference between the two variances is sufficiently large to cancel out the difference between the means. The results show that the distribution of the readings is weighted towards the high end of the scale.
The interpretation that the velcro cuff produces higher readings when measuring high blood pressures is supported by the results for the diastolic pressure, which mirror almost exactly the control readings. Thus, velcro cuffs become more inaccurate as the pressure applied increases.

The mean systolic pressure measured with the velcro cuff is 8 mmHg greater than the control mean, and the difference in the two variances is the reason for the non-significance of the difference in the means. Assuming a normal distribution, the larger the sample size, the smaller the standard deviation (and hence variance). Therefore, it can be argued that with a larger sample size the difference in the variances would fall, and the observed difference in the means will then be significant.

It can be seen therefore, that the use of the velcro fastening will result in a falsely high reading, the magnitude of the error being proportional to the blood pressure.

However, these results contradict those of Simpson *et al.* (1965), but a basis for them can be found in some pressure studies conducted by King in 1967. It was found that the pressure on the skin over the radial artery most nearly corresponded to the inflation pressure of the bladder when the bladder extended right around the arm. With the bladder covering less than the whole circumference, the pressure recorded on the skin was lower than that recorded by the mercury manometer. Velcro cuffs tend to unwind from the arm when inflated, unwinding further as greater pressure is applied. Thus, when the bladder is not firmly in contact with the arm all the way round, the pressure recorded will be greater at any one time than when using the conventional cuff. This would explain the previous observation that the error becomes greater as the pressure applied increases.

The ward equipment produced a significantly lower diastolic pressure than the control, whereas the systolic pressure was not significantly different. The populations represented were not significantly different for the systolic or for the diastolic pressures. It is not easy to put forward any logical explanation for this. Conceiçao *et al.* (1976), in a survey of ward equipment in Newcastle hospitals, found that a large proportion of them were faulty in one respect or another. The faults made the reading of blood pressures technically difficult. Similar faults may exist in the ward equipment used, but they ought to affect both the systolic and diastolic pressure readings. However, even though no satisfacory explanation can be put forward, it is of concern, because it is on the basis of the diastolic pressure that anti-hypertensive drugs are prescribed. On the basis of these results, it may be postulated that the threshold for initiating anti-hypertensive therapy in children should be lowered by at least 5 mmHg.

Summary

This study of the effects of different cuffs and equipment on blood pressure readings in children has demonstrated the following findings:

(i) The use of a folded adult cuff produces a significantly higher reading for the systolic pressure than the use of a cuff of the correct size.

(ii) The use of velcro cuffs introduces a bias towards the high end of the distribution of readings for systolic pressure as compared with standard cuffs. It is postulated that this leads to over-reading of the systolic pressure.

(iii) The ward equipment significantly under-reads the diastolic pressure when compared with a properly checked and maintained control set of equipment.

References

Conceiçao, S., Ward, M. K., and Kerr, D. N. S., British Medical Journal, 1976; 1, 886.

King, G. E. Clinical Science, 1967; 32, 223.

King, G. E. Journal of the American Medical Association, 1969; 209, 1902.

Kirkendall, W. M., Burton, A. C., Epstein, F. H., and Freis, E. D., Circulation 1967; 36, 980.

Rose, G. A., Holland, W. W., and Cowley, E. A., Lancet 1964; 1, 296.

Simpson, J. A., Jamieson, G. A., Dichhaus D. W., and Grover, R. F., American Heart Journal, 1965; 70, 208.

Thulin, T., Andersson, G., and Schersten, B., Postgraduate Medical Journal, 1975; 51, 390.

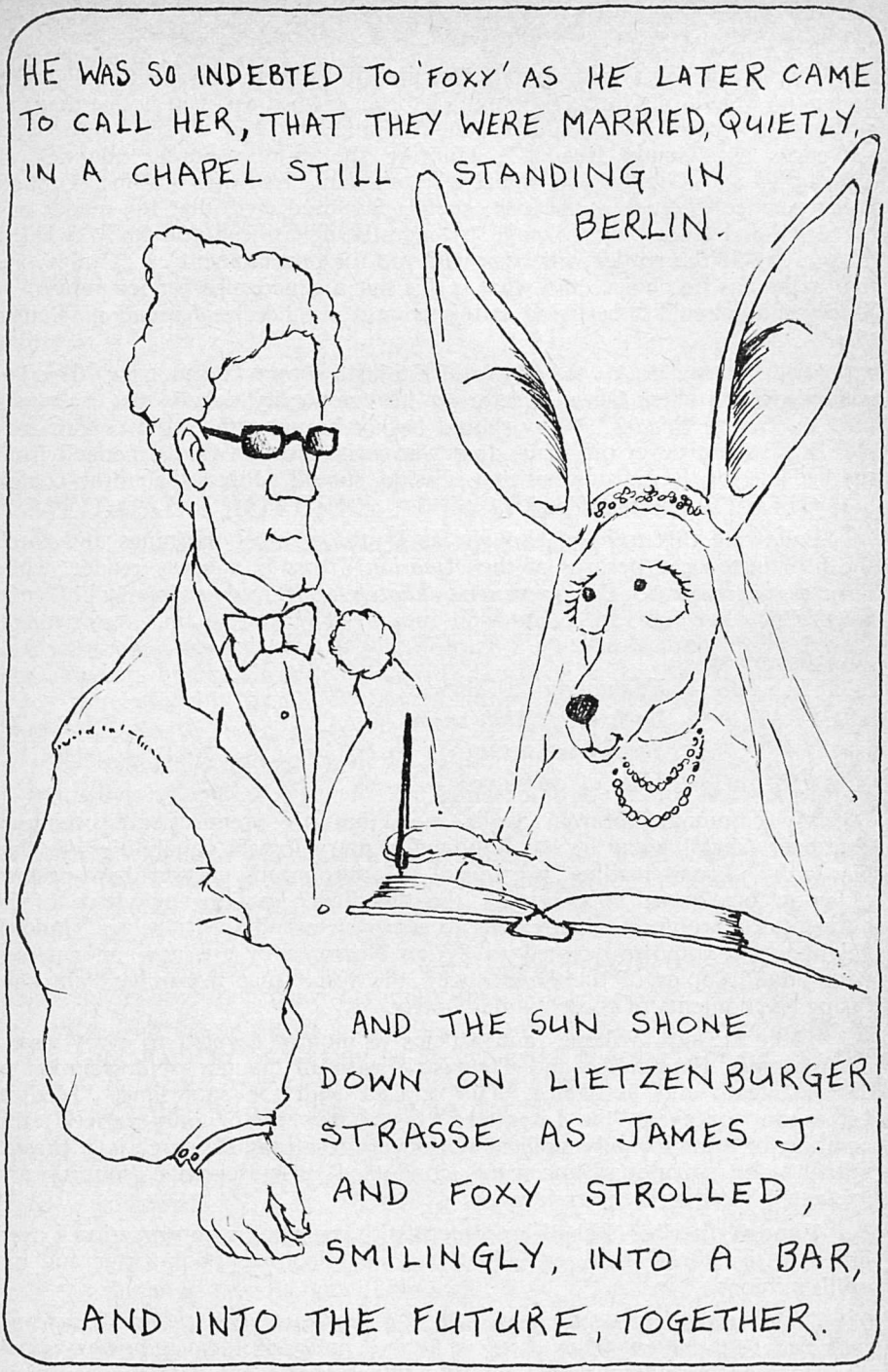
JAMES J. COULD TAKE IT

I'VE NEVER KNOWN A MAN WHO COULD TAKE IT LIKE JAMES J.

WHERE TAKING IT WAS CONCERNED, JAMES J. TOOK THE BISCUIT.

... ONCE PERFECTED,
HE ZIPPED TO FREEDOM

AND ESCAPED ACROSS THE SNOWY WASTES
USING THE EARS OF A FENNIC FOX
TO DETECT ENEMY FOOTSTEPS.



This absurd saga to be continued . . .

SIMON STYLITES

Numbering yourselves among the literati as your bedside table groans under the weight of Morocco-bound Victorian novelettes—you notice that the authors of these tracts address their somnolent and largely horizontal audiences as "Gentle Reader". Ignoring the more soporific qualities of Thackeray and Gibbon (no thank you, madam, I always decline, Gibbon half a chance) these gents practise such a laboured style that the reader has to be cajoled from page to page by ingratiating asides—you know what I mean . . . "If the reader will bear with me for one moment . . . " nice one that as he has no choice, and what is this but a veiled plea for fecundity . . . Stopes thou should'st be living at this hour . . . *"The reader will remember that . . ."*

Well, I never do, as the novels of the last century (100 not out) describe genealogies rivalling Queen Victoria's in complexity. And that unctuous phrase *"Gentle Reader"*. Why should he not be uncouth, rude, vulgar, etc., etc. In fact (but never out of it) doze who write P'ornon Ovels, penned from the bedside for the bedside but that is aside, should address their drab-coated followers as "Vulgar Handlers".

Following this train of thought as I miss it most mornings and catch the 8.10 instead; a peruser of the *Apiarian Times* is a beesy reader, while only a subscriber to *Pacificism and Thatching Herald* is truly a "Gentle Reeder".

Divertissement

Enamoured as he was
With thigh high shoes
Should we accuse
Him of calf-love?

My columnar librarian Swills feels that his premises are becoming cramped. Yes, I know he has only rudimentary logical capabilities—is that his fault? From reading his missal—Gothic minuscule on hard-pressed oklamon octavo—it appears that the "medical" section, by virtue of its unrestrained proliferation threatens to encroach on adjacent shelves. Indeed, neighbouring volumes devoted to Syrian Necromancy are now interspersed with bound copies of the *Lancet* with the result that researchers are confusing the contents of those similar books.

There are now volumes and articles of inquiry devoted to every aspect of Anatomie, Physiologie and Chymistrie with all manner of description of disease, death and pestilence. Tho' graced with the soubriqnet "Medical Literature" or even "the Literature" (as if it were the only variety!) this compost of print is rarely medical and never literature. Research is at present initiated for private advancement, conducted as unscientific enquiry and presented as ill-written irrelevance.

Enough diatribe. I shall be content with reporting a conversation I overheard in the library between O'Flattery, the Hibernian book-sorter and one of his minions.

"I tell you, dese doctor boyos, dese up to a no good thing, because not only wid bein content of us dying of dese common ills and remedies, why—dese lads do be lookin' round for new things to die of—now that's a quare one, d'y' understand?"

Need I say more?

Well, there is yet more because hands up anyone who understood the last "Stylites" column. Hmmm, I thought so . . . no one. You see a few typographical errors rendered the whole piece complete and utter nonsense. Does that surprise you? A few amendments follow :

For Stylitos read Stylites.

For Punk-Rock read Prufrock.

Now who seriously thought that T.S.E. wrote a poem called "The Love Song of J. Alfred Punkrock"?

Thought of the weak :

"The meek shall inherit the earth—as they won't have the nerve to refuse it."

Any sycophantic appreciations of this column are welcome. The views expressed here are entirely my own and are not to be taken as those of the *Gazette* as a hole.

S.S.

MEDICAL PROVERBS AND APHORISMS—PART II

by Rodger G. C. Martin

Following on from last month's article, I have selected some more aphorisms as many people have said how much they enjoyed reading the last selection. I am indebted to Mr. Norman Punt who has sent in the following which are by Sir Alfred Fripp (a Guy's surgeon at the turn of the century). They were used by Mr. T. B. Layton during his period of teaching at the Hospital.

"Nature alone knows the limits of necrosis.

Always remember *never* to use either of these words in medicine or surgery.

It's a wise man who knows when to empty his own bladder (to which Mr. Punt has his own version, for young surgeons about to operate, is that your first action before operating is to evacuate as necessary!)."

Henri de Mondeville was an early surgeon in the Middle Ages and he is remembered for some witty aphorisms.

"Keep up the spirits of your patient with the music of the viol and the psaltery, or by forging letters telling of the death of his enemies, or (if he be a cleric) by informing that his Bishop has just died and he has been elected in his place.

God did not exhaust all his creative power in making Galen.

Many more surgeons know how to cause suppuration than how to heal a wound.

Always put your needles and thread in order before you begin to operate and the thread not in a tangle or you will have to wait and re-thread it; now blood will not wait."

Sound advice six hundred years afterwards. Osler of course was a very distinguished medical historian as well as being Regius Professor at Oxford. I mentioned a few of his aphorisms last month. Here are some more.

"One finger in the throat and one in the rectum make a good diagnostician.

The physics of a man's circulation are the physics of the waterworks of the town in which he lives, but once out of gear you cannot apply the same rules for the repair of the one as of the other.

The desire to take medicine is perhaps the greatest feature which distinguishes man from animals.

Jaundice is a disease that your friends diagnose.

Syphilis simulates every other disease. It is the only disease necessary to know. Know syphilis in all its manifestations and relations, and all other things clinical will be added to you.

To talk of diseases is a sort of Arabian Night's entertainment.

Is there anything more doleful than the procession of four or five doctors into a patient's room."

Here are a few more aphorisms.

"The doctor sees all the weakness of mankind, the lawyer all the wickedness, the theologian all the stupidity.—Schopenhauer.

He cures most in whom most have faith.—Galen.

Despise no new accident in your body but ask opinion of it—Bacon.

Don't ask the doctor, ask the patient.—Yiddish Proverb.

Every sickness is a musical problem, every cure a musical solution.—Novalais.

What fast friends picturesqueness and typhus often are!—Dickens.

A good deal of superciliousness
Is based on biliousness
People seem as proud as peacocks
Of any infirmity, be it hives or dementia praecox.—Nash.

Medicine is the only profession that labours incessantly to destroy the reason for its existence.—Bryce.

It is not the number of nervous diseases and patients that has grown, but the number of doctors able to study the diseases.—Chekhov.

It is not the business of the doctor to say that we must go to the watering place, it is his affair to say that certain results to health will follow if we do go to a watering place.—Chesterton.

Medicine is a science, acquiring a practice an art.—Anonymous.

The relation between psychiatrists and other kinds of lunatic is more or less the relation of a convex folly to a concave one.—Kraus.

Stay till I am well, and then you shall tell me how to cure myself.—Dr. Johnson.

A soul which is truly in earnest is not above disabling the body to discourage dangerous competition.—Harius.

If you enjoy aphorisms like these Mr. Norman Punt recommends *The Quiet Art* by Dr. Robert Coote (Livingstone, 1952) as a real treasury; unfortunately the Wills Library does not possess a copy but I am trying to get hold of it and I suggest other readers to try Lewis's or the R.S.M. if they wish to read it.

If anyone else has any aphorisms of their own or by other Guy's men I should be very interested to hear of them, c/o the *Gazette* office.

NURSING

Few people need to be reminded that there is a high level of unemployment in this country at present, and that nurses have been affected by this as much as other groups. It has, however, produced a somewhat unusual and in many ways frustrating situation for the employers.

After acquiring their basic qualification, nurses very often proceed to training in the specialty of their choice. For these there are many both statutory and non-statutory courses. Unfortunately, however, many hospitals have been enforced by the present economic situation to decrease the number and frequency of the courses which they organise. In addition, it has been necessary to reduce the numbers of trained staff who are employed by hospital authorities, and so nurses are unable to obtain posts after they qualify. The situation has arisen, therefore, whereby nurses decide to apply for a vacancy on a course whilst they are looking for more permanent positions. This means that there is an ever increasing number of applicants for a rapidly diminishing number of training places. Thereby the employers are presented with their first difficulty, since many of the candidates are not committed to the specialty in which they are seeking training, but merely desire a source of income until a better prospect is forthcoming. They may also be certificate collectors, but that is a perennial problem. It is, though, necessary to scrutinise applications even more carefully than is usual in an effort to ensure that money is not to be wasted unnecessarily.

In addition, it is becoming very evident that nurses are making applications to several hospitals at once in an attempt to obtain employment somewhere. They then accept each vacancy which is offered, and are subsequently in the happy position of selecting the one which has the greatest appeal.

Meanwhile, the individual hospitals are all under the misconception that the vacancies on their courses are filled, until such time as they attempt to complete the formalities with the candidates, who then state that they do not wish to retain their place.

Unfortunately most nurses who do this have not the courtesy to warn the prospective employers very far in advance of the commencement of the course, and the result is that many vacancies are remaining unfilled, with disappointed applicants having been told that no places are available.

One can, of course, appreciate that those who are finding difficulty in obtaining employment may wish to explore all possibilities, but if they do not show a little more consideration for the employers, they will find that the number of courses is dwindling still further since the places thereon are not being taken.

PHYSIOTHERAPY

Anyone involved in the tedious process of marking examination scripts will have experienced the brief moments of hilarity and bouts of foolish giggles induced by some unfortunate candidate's slip of the pen. Markers deserve the reward of an occasional howler to lighten their burden and long may they continue to be perpetrated.

Sometimes, though, they have almost philosophical overtones and a recent submission included one such thought-provoking dictum. Discussing the application of progressive resistance exercises as a means of strengthening the quadriceps, the writer was describing a system which employs a weight designated the IOR.M., the 10 repetition maxim. This she (Chauvinistically assuming that it was a female) defined as the weight which the patient could lift ten times "and know more".

Now, that could have been a straightforward and easily explained misspelling on her part—the number of mis-spelt words in an average script is, goodness knows, high enough—but at the same time, it has a connotation which is attractive. A patient should know more on completion of a bout of exercise, more about himself, more about the nature of his condition and more about the treatment he is receiving. But, one suspects that this knowledge is by no means always gained and fears that too many patients genuinely do not know what the treatment that has been prescribed is really aimed at.

In physiotherapy, we have a lot of patients with referred symptoms from neck and back problems, and they provide an obvious illustration of the need to explain why it is that treatment is directed towards the vertebral column rather than to the shoulder and hand, or to the thigh and calf. But there are many other instances where even highly intelligent patients are not given enough information about the line of approach which is being taken in order to alleviate their complaint. It is understandable that busy people in hospitals may sometimes have to rush from patient to patient but it is regrettable how often one has a patient say that hitherto he had not really understood, after having been given a simple exposition.

It is a failing that probably all of us have at one time or another, and some of us more often than not, and we should be grateful to an unknown exam candidate for bringing it home to us in this unconventional way.

It would be nice to report that this gratitude was reflected in a boost to her marks, but sadly such was not the case, and she remained no better rewarded than another, who appeared to have written that a patient could propel himself across a hydrotherapy pool using only the anus. Regrettably, second inspection of a scrawled word discovered "arms" so jet-propulsion had not been her intention, and another seemingly original thinker turned out to be nothing of the sort.

BOOK REVIEWS

"Operative Surgery Revision", by John J. Shipman. Pp. 183. Price £5. Published by H. K. Lewis.

This is a large handy pocket-sized book such as could easily be read in bed. It sets out to list the important steps in a large number of operations, covering the great majority of the scope of surgery. It is aimed very specifically at the final F.R.C.S. candidate and does not, in any way, set out to compete with the standard larger texts on operative surgery. The format is convenient, the text easily read, and the index adequate.

There are, however, a number of criticisms which may be made. The book is dogmatic, no doubt because of its size and staccato style, but this is not always justified. The author states in the preface that controversial issues have been avoided whenever possible. This would seem to be a pity, bearing in mind the relative inexperience of the surgeons to whom it is addressd. A more serious quibble is the selection and omission of certain operations. Neither Belsey, Nissen nor Hills' operations for the repair of a hiatus hernia and the prevention of reflux are described. Mention of Lords procedure for piles would have been helpful. There should surely be room for description of the nylon darn operation for inguinal hernia.

All in all a book of limited appeal, but one which has certain merits for the final Fellowship candidate.

MAX RENDALL.

"Introduction to Clinical Examination" (2nd Edition), by John Macleod, E. B. French, J. F. Munro. Pp. 112. Price £1.50. Published by Churchill Livingstone.

Within the obvious limitations of being a small paperback, this book is excellent. It is "intended to be of service during the initial weeks of clinical training at a stage when the student often feels overwhelmed by detail", and in fairness one must say at the outset that it would certainly be of service, and would be carried round in the pocket by many a new clinical student with much appreciation. But limitations there are, and it is on those grounds that I would hesitate to recommend this in the presence of such strong competition from a number of texts. Outstanding among the competitors in this field is the book *Clinical Examination* edited by John Macleod, of which this small handbook is but an offspring. The larger book offers so much more in understanding, in wisdom, content and in context, that I think it must be unquestionably the better choice, even on the very first day that a student comes to examine a patient. It has the further virtue that its value will continue for many years, even into the first months on the House. In an ideal world, the right device might be to have *Introduction to Clinical Examination* in one's pocket and a proper clinical methods book in one's briefcase or on one's desk. I fear that in practice those who purchased the small book might well fail to advance from that, and in so doing would miss a great deal of learning.

BRENDAN H. HICKS.

"Midwifery", Second Edition, by Jean L. Hallum. Pp. 155. Price £1.75. Published by Hodder and Stoughton.

This book has been designed for student midwives with an eye on normal midwifery. There is very little that would make me recommend it, however. The layout is illogical—with a chapter on the fetus prior to the "Menstrual Cycle". Much of the terminology would be scorned by midwifery tutors of modern standards—such as "vertex" presentation instead of cephalic and "toxaemia"—surely a word that went out with the ark!

Several of the diagrams are inaccurate, one such showing palpation of the fetal head with one hand only—midwifery students are always taught to palpate with two hands. There is also a rather outdated section on family planning—only a third of a page—which gives no statistics as to the efficiency of various means of contraception and appears to recommend the use of a sheath and spermicidal pessary rather than any other means.

This book may serve for a brief summary prior to exams, but as a general text book it is not comprehensive enough.

J. WELCH.

CORRESPONDENCE

Dennis Deuchar

Sir,

Writing as a physician in the provinces, I should like to record the great debt that I and my patients owe to Dennis Deuchar. Over the last twenty years he has given me wise and humane advice on innumerable occasions. I am sure that many other physicians throughout the country have had the same experience. Our loss in his death has been very great; but we are truly grateful for all the support that he cheerfully and willingly provided despite ill health and his own heavy burden of work.

Yours faithfully,

M. G. THORNE.

Brimhill,
Maidencombe, Torquay.

Professor G. A. D. Haslewood

Sir,

Professor Haslewood will be retiring after serving the School (since 1939) first as Reader in the Physiology Department and then as Professor of Biochemistry.

There must be many members of the School, past and present, students and staff, who know him and will wish to be associated with a presentation which the Department is organising. Contributions should be sent to either of us, c/o The Biochemistry and Chemistry Department, accompanied by a duplicate signature for inclusion with the presentation.

Yours faithfully,

I. G. ANDERSON
D. C. WATTS

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Chemistry Department,
Guy's Hospital Medical School,
London, SE1 9RT.

The Friends of Guy's Hospital's Fête 1977

Sir,

Through the *Gazette* may I express my sincere thanks to all who have so generously given help and contributions to make the Silver Jubilee Fête 1977, held in the Park, on Wednesday, May 25th, 1977, such a success.

The sum of over £5,850 has been raised, well in excess of our target of £5,000. Of this amount, £3,852 was raised on the actual day of the Fête. This money will be donated towards the extension of "Radio Guy's to Guy's Tower and the improvement of bedside radios.

Space does not permit to mention each individually, but to name a few, my thanks and appreciation to the Nursing Staff, Mrs. Mc.Glone and her voluntary workers, Miss Archer from the Medical Illustration Department, the Hospital Works Department, who were "on call" constantly and readily came to our aid at all times, the Catering Department, Front Lodge and Porters. Their co-operation and willingness in liaison with our voluntary helpers contributed to a happy, colourful and successful day, when even the sun shone brightly over Guy's Hospital.

Yours faithfully,

ENID M. HUTTON.
Chairman of the
Services Branch Sub-Committee.

From C.L.A.M.P.

Sir,

We were alarmed, shocked and disgusted to read the cumbersome misgivings of the Communist Revolutionary Action Party in your columns last month. You are to be congratulated for exposing persons who should never have been allowed here in the first place.

One must know one's enemy and we are firmly convinced that all staff and students should be tested to establish whether they are right and fit persons to be at Guy's. These tests need not be complex; even an idiot, provided of course that he is right and fit might be acceptable. However, as psychological assessment will strictly adhere to the precepts of the late Sir Cyril Burt, it is inconceivable that such a person could be an idiot. Thus to ensure that the hospital is not completely depleted of staff and students it may be necessary to devise ways of raising the social class and therefore I.Q.'s of "borderline cases". This can be achieved through the belligerent and fraudulent use of statistics, but in the first instances we would prefer elimination rather than elevation.

We are a reasonable and flexible organisation and it is only fair that we should provide intercalated correction courses. Instead of wasting their time and taxpayers' money on B.Sc. courses correctees may join the Buildings And Grounds Improvement Scheme. Those doing B.A.G.I.S. will soon discover that collective farming and community trouble shooting are not ideologies after all.

Naturally we are open to genuine and free negotiations on our own terms.

Yours faithfully,

Central League for the Annihilation
of Minority Parties.

SPORT

HOCKEY

UH Cup Final (Junior)
Winners: Guys 2nd XI

Beating St. Marys 2nd XI in the final, means that Guys once again hold this cup, one of the few any of the sports teams seem able to win.

Unlike the semi-final, tension and a lot of unnecessary rough play marred the game, as Mary's attempted to nullify the skills of the Guys players in the same way as they had approached the London.

With no score at full time, the game continued into extra time. Almost at once, Mary's scored in one of their save ventures near the Guys goal and the game seemed finished. But as the minutes ticked away, efforts at short corners paid off, and Simon Cunnington, guest player, put the ball into the net.

So with the score one goal each, all rested on the penalty takers.

Pete Sanders, Jon Wilde and Pete Rowley slotted three of our four penalties home and three successive saves by Steve Martin, left the cup with Guys.

Thanks to Michael Craigan for umpiring and to our supporters Duncan Jones and Jeremy Morton.

Team: S. Martin, C. Darby, M. Vallis, G. Saward, S. Cunnington, P. Sanders, J. Oliver, J. Wilde, M. Kiln, D. Maxted, P. Rowley.

M.P.V.

2nd XI Report

The end-of-season report, being of little interest to any except those directly involved, I keep short and merely state that we won eight of the fifteen games we played, enjoyed ourselves and won the United Hospitals' Junior Cup.

So my thanks to all those who played throughout the season, be they goal-scorers, goal-savers, or the men in the middle. Additionally, thanks to Angus Kingon for captaining the side against Oxted in my absence.

Those who played: thirty-four is too many to print but you all know who you are!

C. Ackner, T. Baylis, T. Bell, M. Craigan, D. Cole, S. Cunnington, C. Chakrabooty, C. Darby, R. Davis, R. Davies, S. Filose, D. Greaves, C. Gwinnett, S. Gregson, M. Houghton, W. Hughes, D. Jones, M. Kiln, A. Jacks, A. Kingon, C. Jago, A. Lawson, L. Lyons, D. Maxted, S. Martin, K. McCoy, J. Oliver, P. Rowley, W. Smith, P. Sanders, R. Steele, G. Saward, J. Wilde, R. Williams.

SPORTS REPORT

Brian Bore is the cousin of Magnus. He represents all that is sporting about Guy's. Intellectual punch-up expert, part-time excavator and punk sports fanatic, I knew he was the sage I should turn to for advice.

"I am going to write a sports column for the Gazette," I said, "I always feel disappointed when an issue comes out with the only sports feature being a report on the third XV chess team. After all, I thought the primary interest of the student was his sport."

"Not quite," said Bore, taking a long swig of his scotch and keg. "However, I do agree that the sports commentaries used to flavour the Gazette with a touch of passion and enthusiasm."

"You're only thinking of the Angel's Rugby Team," I replied.

"Anyway," said Bore, "how should I get people interested in writing for the Gazette?"

"Offer money!"

"Haven't any."

"Beer?"

"Mine's a pint," I replied quick as a flash downing the remains of my Worthington E. He undid the padlock on his pocket, bought my drink and settled in his chair with a thoughtful look as if to try and solve my problem.

"It's like this," he started. "I remember a time when here at Guy's we had sportsmen who were heroes to write about. There was John Arkwright, who broke 7 legs in a Rugby season, Ted Willington brought the goalposts back with him whenever he scored a goal. What you need is a hero, someone for the students to look up to."

"Who do you suggest?"

"Your problem, my boy," he said as he finished his pint and hoisted his cricket bag over his shoulder. There was a metallic clunk and Bore grunted under the weight.

"H.O.P. doesn't serve beer in the mornings," he explained, "So I take my own." As he walked out I wondered if I had just solved my problem.

I next saw Bore two or three days later.

He said: "I've been thinking about your dilemma. I should give up being sports editor now. No one will write anything for you except about their drinking exploits or their episodes of vandalism and destruction. Anyway, you know that Guy's hasn't any teams that win anything. Rugby teams nearly always lose or forget if they have played, the soccer team has just been relegated, the hockey team is lost in Holland and do they still play cricket? If I were you I should stay editor of Forum.

"By the way, it's your round."

I replied: "I think you're wrong, Bore. I am sure there must be plenty of people who would like to write for the Gazette. I hope they will prove you mistaken, Bore, and send any material however loosely connected with sport to J. J. Earnshaw at the East Wing pigeon holes."

"Get those drinks," he said.

Oh well, even one's best heroes can let one down on a poor day.

J. J. EARNSHAW.

SOCCER

U.L. Cup Semi-Final

Guy's 2nd XI vs. Bart's 2nd XI

The second XI had a disappointing season ended at Cobham by losing to Bart's 3-0. It was in true Leeds United style that Guy's lost 2 Cup Finals, 1 semi-final and came third in the league when only two teams were promoted.

Due to misorganisation of the U.L. Cup, three teams claimed to be in the final at the A.G.M. After a draw another semi-final was arranged between Guy's and Bart's to be played before June.

After a couple of practise games in the sweltering sun, and a re-injection of a pint of blood, we felt Guy's might be match fit. Guy's turned up at Cobham not really feeling up to strenuous soccer, in the glorious sunshine.

The game itself started as a rather sporting run around, neither side wanting to get physically involved on such an idyllic day. Most players were jealous of Guy's substitute, John Harrison, who decided to sunbathe. In a first half of no great commitment, Bart's had slightly more of the play and were unlucky to find Rob Evans in splendid form in goal.

New captain Neil MacLachlan tried to extract a little more commitment from his players at half time, and at the beginning of the second half Guy's tried to work more closely together on the huge pitch. However, Bart's roared in and scored first, which brought a spirited fight back from Guy's. Mike Breeze, who had earlier been very close with a beautiful free kick bent round the defensive wall, was brought down in the box and a penalty was awarded. Jonathan Earnshaw stepped up and missed his first penalty for Guy's, bringing a good save from the goalie. Immediately the heads went down and Bart's soon scored two more.

John Harrison was substitute at right back and decided the forwards were playing so badly that he could do better. He pushed forward with defence and midfield and led the fightback. Guy's went so close on several occasions but never quite managed to score. Guy's have not scored in only three games this season — the other two were cup finals!

It wasn't a bad performance. Guy's lacked a bit of motivation and there wasn't much fight in midfield; basically it was just effort that let them down.

In true second team style, the loss was celebrated with the usual spirit and no one could quite remember the next day whether they had played the day before or not.

Team: R. Evans, K. Harper, J. Jed, R. Trembath, N. MacLachlan (Capt.), T. Miller, G. Smith, D. Smalley, M. Breeze, J. Earnshaw, K. Underwood. Sub.: J. Harson.

CROSS COUNTRY

Last season turned out to be quite a surprise. Mention running a five-mile cross country race to the average Guys student and he'll spend the next term avoiding you at all costs. However, we managed to gather together a small band of lunatics and entered the London Colleges Cross County League.

The season began with Kevin McKinlay and Nick Mansfield trudging off to Cambridge with United Hospitals and thoroughly regretting the experience. However, seized with enthusiasm and the thought that nowhere could be as muddy as Cambridge, the first Guys team entered into the competition of the Colleges League. Nick led the team home in 55th place with Chas Newstead (74th), Kevin McKinlay (87th) and Andy White (101st) following(?) behind. The team finished 7th in Division Two, hard on the heels of St. Mary's Hospital.

In the second match at Petersham the team performed well in a large field of 133 with Chas 68th, Paul Cullinan 75th, Bob Hayes 78th and Kevin McKinlay 89th. We held on to seventh place in the League.

Disaster and a revision week struck us for the 3rd match at Ruislip. One of our intrepid band managed to leave his kit on the train — some of these boys will do anything to avoid running. But with the help of that well-known Guys student Richard Harrod (37th), Chas (70th) and Kevin (109th) we braved the storm and only dropped one place in the league table.

Our next trip was to Richmond Park. Guys runners were now becoming a worry and Imperial College made a vain attempt to leave three of our runners in London. However, they survived the bus journey down and took the race by storm. Close packing by the Guys team pulled them back up the league table to 7th place with Chas first in at 67th, Kevin McKinlay 69th (trying very hard to suppress the vomit centre), Bob Hayes 71st and Nick Mansfield, back after illness closing the team in 82nd place. A special thank you must be said here to the one member of our Supporters' Club, Sue, who timed the race in the pouring rain.

And so to the grand finale at Parliament Hill playing fields. With St. Mary's a hundred and fifty points ahead all the stops needed to be pulled out. With the help of two new Guy's students (Dr. Stockley and Peter Frith) we moved up to 5th place in the league, having finished 3rd in the last match, missing promotion to the 1st division by two places. Dick Stockley was 29th, Nick Mansfield 51st, Chas Newstead 63rd, Peter Frith 69th and Bob Hayes 71st. Kevin McKinlay fell at Beechers. Mary's failed to complete a team and were 7th overall in the league.

And so ended a successful season for our small band. Chas Newstead excelled himself by gaining 9th place in the individual scoring table for Division Two.

Everybody who ran enjoyed themselves and we are looking forward to next season when we will again be competing in the Colleges League. An assault will be made on the U.H. Cup and a team entered in the Hyde Park Relay. Anybody who wants can run for Guys; it doesn't matter what standard you are. Also Kevin McKinlay is secretary of United Hospitals Hare and Hounds next season, so anybody who wants to run for U.H. can do so as well.

CRICKET

Guy's 1st XI up to 11th June 1977

The first match of the season was against Beckenham, and showed up the lack of depth in the Guy's batting. Asked to score 180, Guy's were doing well with Mike Glover and Alistair Jades scoring freely, but when they were out the rest of the batting subsided quietly. However, the next day against

Rowan, Guy's played well to score 156 for 7. Hughes, in his first appearance, scored 58, and with Glover and Jades again contributing, a good score was made. However, Rowan made no attempt whatever to score the runs after Mills and Jades had reduced them to 14 for 3, despite some very friendly bowling, and the game was drawn.

The following Wednesday, the first 100 of the Guy's season was scored by Andy Mitchell against the Brixton Police, but unfortunately, the dreadful weather prevailed, and the game was rained off by tea, with Guy's 183 for 6. However, this form did not extend to the next match, and chasing a modest total by Templesheen Eccentrics, who were bowled out for 115 (Jades 5-41), Guy's slumped to 71 all out.

The game against the London was totally washed out, and against Streatham Police, the match was shortened by the weather. Streatham Police made 100 all out, thanks to some fine bowling by Paul Shepherd and Jeff Senior, but Guy's were left insufficient time to score the runs, despite a fast 43 not out from Simon Cunnington.

Carnegie once again revealed the lack of depth in the Guy's batting. Chasing a modest total of 112 (Glover 4 for 51, Watson 8 for 22) Guy's were coasting to victory at 91 for 6 before being all out for 98. This was even more forcibly brought out by the game against the Stoics, where Guy's could only muster 85 (Glover 45) against the Stoics' total of 169 for 9.

Fortunately, at this low point, Guy's fortunes started to pick up. In the Bertie Joel Cup, against Catford, some fine bowling by Jades (4 for 9) helped dismiss Catford for 134, and a powerful innings, including 84 not out by Glover, saw Guy's home. Charing Cross were hit for a superb 89 not out by Martin Danford taking Guy's to 149, but despite Charlie Tunnadine's 7 for 36, they managed to hold out for a draw.

And so to the Hospital's Cup. After a first round bye, Guy's were drawn away to Westminster, and after winning the toss, elected to bat. A superb start took us to 89 for 1 before Glover was bowled for 52. Hughes, 77 and Taylor, 49, carried on the good work, and Guy's reached 219. The Westminster also scored freely, but Guy's were taking enough wickets to hold the upper hand until a fifth wicket stand threatened to win the day. At this point, their opener, who had scored a hard-hit 61, was bowled probably the worst ball of the match, which he contrived to hit straight up in the air and Jades made no mistake with a simple catch. From then on, tight bowling by Jades (4 for 67) and Tunnadine (2 for 29 off 16 overs), saw us home.

The annual pilgrimage to Canterbury saw an exciting game against Highland Court. At lunch, we were 127 for 1, a score that promised much. Glover went on after lunch to score 104, and Guy's made 204, perhaps not as many as was hoped. This was borne out when their openers made light of the bowling, before a brilliant catch on the boundary by Jerry Ryan opened the game up. Some tight swing bowling by John Wright (4 for 40) and some dogged batting by their late order batsmen kept the game alive right to the end, when Canterbury managed to win in the last over of the day with two wickets left.

In the semi-final of the Hospitals' Cup came Guy's greatest success. We were playing Bart's, the hotly tipped favourites to win, and with a heavy downpour the day before, the toss was obviously going to play an important part in the game. Guy's duly won and inserted the opposition, and Alistair Jades rose magnificently to the occasion. He bowled twenty-six overs unchanged and took five important wickets, including their two openers, who had looked the best of their players. Hughes also bowled well at the other end to take four wickets and Bart's were all out for 149. The leaden skies were looking ominous, and under the rules of the Cup, we had to be ahead of their overall scoring rate per over after ten overs. Hughes opened with Broughton, who had trouble seeing the ball because of rain on his spectacles, and was eventually bowled. Glover now came in, and on 12, gave an easy chance to extra cover who tried to catch it in his mouth. He received little sympathy for his chipped teeth. At tea, with the rain pouring down, we had made 55 for 1, which was good enough to win the game for us had the rain continued. However, it cleared, and we carried on to score the runs for the loss of four wickets, Glover making 87, Hughes 30, and Rees, hitting probably the best shot of the match, 15 not out.

To bring us up to date, we played the Past XI on Saturday, 11th, and despite the bad weather, managed a notable win for the second year running. Andy Mitchell confirmed his earlier promise with 72 not out, and Hughes hit 52

as well as taking four wickets and bowling for his sign-up. Well batted, Sir.

Finally, our thanks to Eric and Joyce, who are always prepared to have yet another home match at the shortest of notices, and who cater for us so well at meal times.

MIKE GLOVER.

MOTOR CLUB

Migliaquadrato

The 19th annual Miglia Quadrato was held this year on Saturday, the 21st May. This is a treasure hunt rally held entirely within one square mile of the City of London, and open to all members of London University.

Midnight arrived and 120 cars screamed away from the start and spread out over the city. Our objective was to find and solve sixty clues by 5 a.m. with the aid of map references.

An example of a clue was: map reference 532743—"what date was this built?" It turned out to be Southwark Bridge, built in 1894 (give or take 100 years!).

Throughout the whole rally the atmosphere was really good, everyone was very friendly, and at one stage even the police helped us over a particularly nasty clue. We all thoroughly enjoyed ourselves, but felt it a pity that we were the only team from Guy's. We feel it would have been more fun competing against people we knew, so next year let us have a few more entries for this superb rally.

Finally, I would like to offer our thanks to the organisers of the rally of the United Hospitals and University of London Motor Club for a great evening.

Mr. R. B. Mallett.
Mr. S. P. G. Moore.

HOSPITAL INFORMATION

PASS LIST

M.R.C.P. (Lond.)

R. S. Ackroyd
R. D. Armstrong
N. P. Byrom
R. J. Morgan
J. J. Oram
E. M. Reuben
Miss A. Z. S. Rohatiner
C. B. Vulliamy

UNIVERSITY OF LONDON

1977

M.D.

D. L. Stevens

Ph.D.

A. A. Laogun

D.Sc.

R. Barnes

M.R.C.O.G. 1977

W. V. Allen

Cameron, S. Steroids for idiopathic mem- The engagement is announced of Dr. James

Amiel, Stephanie, A., The Effects of Bordetella pertussis on cerebro vascular permeability, Brit.

UNIVERSITY OF OXFORD

Qualifying and 2nd B.M. Examination—January 1977 Qualifying Examination in Zoology for *Medical Students*

Stage III

Grizelda J. C. George

Stage IV

Grizelda J. C. George

UNIVERSITY OF LONDON

Third M.B., B.S. Examination

April 1977

N. D. Bardsley
T. M. Baylis
Susan A. Behrman
Lynn M. Bewsey
C. V. R. Blacker
Elizabeth O. Breese
J. E. Bridger
N. P. R. Brown
Karen A. Buckell
A. D. Bundock
Chan Sau Soon
K. A. Collett
I. R. Colquhoun
Elizabeth J. Dalgleish
S. M. Downs
Elizabeth M. Dunbar
Helena M. Earl
J. Efthimiou
K. P. Evans
S. F. Evans
R. G. Evered
P. H. Fitton
J. S. Fitzgerald Frazer
K. D. Foote
C. J. Forsyth
Suzette L. Franklin
Joanna Glover
T. H. J. Goodship
Catherine F. M. Govan
H. B. A. Griffiths
Mary E. Heber
Sandra A. Hobson
C. A. Holden
M. Horrocks
J. J. Horton
R. M. Hughes
P. C. W. Hunt
R. S. Hurwood
N. R. Ineson
M. A. James
L. J. Jarvis
Gillian M. Kahane
J. B. Karani
V. J. P. Kielty
J. C. Kingswood
Margaret R. Long
P. M. Loxton
J. J. McCarthy
Bryony A. B. McEvedy
C. A. J. McLauchlan
Anne Manktelow
D. C. Markwell
B. Mendes da Costa
Sally G. Mitton
R. H. Moore
M. L. Moss
C. R. Murch
N. S. Nicholas
Vivien Pain
Maria J. Parnes
Amanda Payne
B. A. Price
A. A. Quyyumi
J. F. Rivett
Nicola K. Scott
G. Sengupta
N. D. Slater
Susan A. Staples
D. Stephens
V. G. Thornton
M. J. Tidman
S. J. Turley
J. E. W. Van de Pette
G. W. G. Vevers
Delyth A. Ware
J. B. Warren
P. N. Whitehead
D. M. Woods

PART I

M. G. N. Bourne
J. Brennan
Sally Carman
D. G. St. J. Collier
D. M. Couper
A. J. Davis
W. F. de Mello
P. N. Gaunt
P. K. Goutam
Fiona J. Henderson
G. J. Hughes
P. H. Jarrett
R. H. Jones
L. C. Koo Seen Lin
J. F. McNulty
I. R. Martin
R. G. C. Martin
N. J. Masters
G. Murphy
Susan G. Overal
M. G. Pike
G. D. Prince
L. B. Pritchett
E. Refsum
Cleone I. F. Rooney
S. K. Sinclair
N. V. Todd
T. A. Underwood
D. D. I. Wright
D. J. T. Wright

PART II

J. A. Allen
D. E. Dickson
A. I. Hammett
C. E. Handler
S. M. Milner
R. C. Nicholas
A. P. Plumb
V. Rajaratnam
Elizabeth F. Williams

PART III

J. G. Allen
D. E. Dickson
A. I. Hammett
Jill S. M. Harrison

PART IV

C. E. Handler
J. R. Hanson
R. C. Nicholas
Susan G. Overal
A. P. Plumb
V. Rajaratnam

UNIVERSITY OF LONDON

DOCTOR OF PHILOSOPHY (PhD)

MEDICINE

Y. H. Abdulla (Pathology)

SCIENCE

J. Grove (Organic Chemistry)

BIRTHS

GOLDING—To Lesley (née Phillips) and Stephen Golding, on 21st May, 1977, in Guy's Hospital, a daughter, *Marina Margaret*.

MARRIAGES

CAPES—ALEXANDER. The marriage took place on 4th June, 1977, at Hove, Sussex, between Paul Capes and Miss Helen Alexander.

DEATHS

DEUCHAR—On 19th May, 1977, Dr. Dennis Deuchar.

CHANGES OF ADDRESS

Mrs. H. Capes (née Alexander), "Lindum", Southview Road, Southwick, West Sussex.

Stuart and Sandy Cripps (from 1.9.77)—c/o N. M. Cripps, Whitelodge, Harbour Way, Old Bosham, West Sussex, PO18 8QH.

Dr. W. R. *Kirkpatrick, 8 Shag Beg, Port Erin*, Isle of Man.

PERSONAL

ESHER/KINGSTON area, 30 minutes Waterloo. Part-time Dental associate, 3 days a week. Ultra-modern surgery including Panorex in pleasant family practice. Box No. 14/77.

PAPERS BY GUY'S MEN

Adinolfi, M., Adinolfi, A., Ontogeny of human plasma proteins: detection of the onset and site of synthesis using genetic markers and in vitro cultures. In: Structure and function of plasma proteins. Allison, A. C. (Ed.), New York. London: Plenum Press (1976) 1.

Adinolfi, M., Beck, S., Embury, S., Polari, P. E., Seller, M. J. *Levels of alpha fetoprotein in* amniotic fluids of mice (curly-tail) with neural tube defects. **Journal of Medical Genetics** (1976) 13, 6, 511.

Adinolfi, M. C., Billington, W. D., Ontogeny of aquired immunity and feto maternal immunological interactions. In **Fetal physiology and medicine: the basis of perinatology** (1976), Beard, R. W., Nathanielsz, P. W. (Eds.), W. B. Saunders Co. Ltd. (1976), 17.

Alberman, E., Creasy, H., Elliott, H., Spicer, C., Maternal Factors associated with fetal chromosomal anomalies in spontaneous abortions. **British Medical Journal** (1976), 83, 8, 621.

Babarik, A., Benson, P. F., Fensom, A. H., Baine, H., Corneal clouding in GMI—generalized gangliosidosis, **British Journal of Ophthalmology** (1976), 60, 8, 565.

Benson, P. F., Boylston, A., Button, L., Dean, H. F., Mowbray, J., Muir, H. Enzyme replacement therapy by fibroblast transplantation in a case of Hunter syndrome. **Archives of Diseases in Childhood** (1976), 51, 9, 730.

Binnie, W. H., Cawson, R. A., Reed, R. T. *et al.* The role of xeronadiography in cephalometric radiology. **Journal of Dentistry,** 1977, **5,** 32-38.

Bird, M., Gianelli, F., James, D. W., *and* Pawsey, S. Cytoplasmic organelles within nucei in cultures of human fetal cortex. **Journal of Anatomy,** 1977, **122**(1), 201-202.

Boyd, E. G., Mutton, D. E., Adensitometric scanner for use with sinuous chromosomes. **Proc. roy. microscope Soc.** (1976), 11, 5, 38.

Cameron, S. Chlorambucil and leukemia (Letter). **New England Journal of Medicine,** 1977, **296,** 1064.

Campbell, S., Grundy, M., Singer, T. D., Early diagnosis of spina bifida in a twin fetus by ultrasonic examination and alpha-fetoprotein estimation. **British Medical Journal** (1976), 2, 6037, 676.

Creasy, M. R., Triploidy. Develop. **Med. Child Neurol.** (1976), 18, 6, 811.

*Doherty, N. S. and Robinson, B. V. Eryth*rocyte fagility during inflammation in the rat. **Life Sciences,** 1977, **20,** 1383.

Ellis, F. Kidney transplantation. **The Medical Society's Transactions,** 1974-75, **91,** 38.

Emslie, R. D. and another. Principal requirements for controlled clinical trials in periodontal diseases: prepared by a working group of the commission on classification and statistics of oral conditions. **International Dental Journal,** 1977, **27,** 62-76.

Fairburn, R. A. Aetiology of neurotising enteroclitis. (Letter). **Lancet,** 1977, **1,** 956.

Feyerabend, C., and others. Nicotine chewing gum as a substitute for smoking. **British Medical Journal,** 1977, **1,** 1060.

Giannelli, F., Benson, P. F., Pawsey, S. A., Polani, P. E., Bloom's syndrome: cytological and biochemical studies. **Archives of Disease in Childhood** (1976), 51, 9, 730.

Giannelli, F., Benson, P. F., Pawsey, S. A. *and* Polani, P. E. A contribution to the study of Bloom's syndrome. **Mutation Research,** 1977, **46**(2), 121-122.

Grimble, A. S. Venerology or genito-urinary medicine? (Letter). **British Journal of Venereal Diseases,** 1977, **53,** 146.

Hayward, J. L. and others. Assessment of response to therapy in advanced breast cancer. **Cancer,** 1977, **39,** 1289.

Jourdan, M. H. Malnutrition in surgical patients. (Letter). **Lancet,** 1977, **1,** 898.

Lehner, T. Immunological responses to bacterial plaque in the mouth. **Ciba Foundation Symposium** (Immunology of the Gut), 1977, **46,** 135.

Mackeith, R. C. Bedwetting: anxiety and stress are the biggest villains. ***Modern Medicine,*** 1977, **22**(3). 9.

Millman, C. K., Solution to the problem of recurring denture fractures. **Dental Update,** Nov./Dec. (1975).

Millman, C. K., Rationalised die location in porcelain jacket crown work. **British Dental Journal** (1976), 40, 389.

Nakra, B. R. S., Jones, C. J., Majumdar, A. K., *and* Gaind, R. Preliminary evaluation of a new psychotropic drug, lenperone, in the treatment of acute schizophrenia. **Current Medical Research and Opinion,** 1977,, **4,** 529.

Nakra, B. R. S., Rutland, P., Verma, S., *and* Gaind, R. Amitriptyline and weight gain: a biochemical and endocrinological study. **Current Research and Opinion.** 1977, **4,** 602.

Polani, P. E. Who's for amniocentesis? (Letter). **Lancet,** 1977, **1,** 1099.

Polani, P. E. The contribution of genetics and biochemistry: Chairman's opening remarks. In: **Schizophrenia today** (1976), 51. Kemali, D., Bartholini, G. and Richter, D. **Eds.** Proceedings of a multidisciplinary workshop held in Capri, October, 1975. Oxford. New York. Toronto: Pergamon Press.

Polani, P. E. Research on birth defects in the Paediatric Research Unit. In: **Guy's Hospital 250 years** (1976), 57. Handler, C. E. **Ed.** London: Guy's Hospital Gazette.

Polani, P. E. and Jagiello, G. Chiasmata, univalents and production of trisomy. **Archives of Diseases in Childhood** (1976), 51, 9, 726.

Polani, P. E. and Jagiello, G. Chiasmata, meiotic univalents, and age in relation to aneuploid imbalance in mice. **Cytogenet. Cell Genet.** (1976), **16,** 6, 505–529.

Robson, E. B., Hopkinson, D. A., Buckton, K. E., Robinson, J. and Polani, P. E. (1976). Family studies on esterase D and chromosome 13 in man. In: **Human gene mapping 3.** Baltimore conference (1975), 351. Third international workshop on human gene mapping. Bergsma, D. **Ed.** Sponsored by the National Foundation–March of Dimes at the Johns Hopkins University, Baltimore, Maryland, October 5–7, 1975. Birth Defects Original article Series **XII,** 7. Basel. München. Paris: S. Karger.

Seller, M. J. Amniotic fluid alpha-fetoprotein and Turner's syndrome. (Letter). **Lancet,** 1977, **1,** 955.

Seller, M. J. Congenital abnormalities and selective abortion. **Journal of Medical Ethics** (1976), **2,** 138–141.

Seller, M., Polani, P. E. and Adinolfi, M. Experimental model of neural tube defect in the mouse. **Arch. Dis. Childh.** (1976), **51,** 9, 826.

Singer, J. D. Ethical and social problems of prenatal diagnosis. In: ***Prenatal diagnosis*** (1976), 291. Boué, A. **Ed.** Proceedings of an INSERM symposium held in Paris, June 3–5, 1976, Vol. 61. Paris: Institut National de la Santé et de la Recherche médicale.

Stannard, C. E., Sealy, R., Sevel, D. and Brinton, F. A. "The treatment of malignant meningitis in retinoblastoma." Brit.

Volans, G. N., Rogers, H. J., and another. A preliminary controlled evaluation of the anti-hypertensive effect of indapamide. **Current Medical Research and Opinion,** 1977, **4,** 596.

Walter, J. D. Palatal fenestration and prosthetic care. **Journal of Larynology and Otology,** 1977, **91,** 407.

Watson, J. P. The measurement of phobias. (Letter). **British Journal of Psychiatry,** 1977, **130,** 523.

Wedley, J. R. *and* Broadbent, M. P. Anaesthetic waste gas scavenging systems. (Letter). ***British Medical Journal,*** 1977, **1,** 1348.

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 10 days before the publication date. Publication dates for the next three months are: 18th July, 15th August and 12th September.

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MONTHLY 30 JULY 1977 VOLUME 92 NUMBER 2272

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

THE FRONT LODGE

We were extremely surprised to learn, quite recently, that the Front Lodge was in future only to be open between eight o'clock in the morning and eight o'clock in the evening. In addition the keys to the various departments and offices of the Hospital will be kept in the Tower reception area which will also take over the Front Lodge's duties overnight.

The Front Lodge has played an important part in the life of the Hospital for many, many years. It was here that messages were left and relayed, where visitors, patients and their relatives asked the whereabouts of wards or outpatient departments, and it was here that the portering services were based and supervised.

The Front Lodge, like all good Front Lodges, is at the front of the Hospital, an ideal situation, easily found by those who need assistance or directions at any time of the day or night. The Tower reception desk is deep inside the Hospital and consequently much less easy for the stranger to find. It would seem likely that the same standard of service and security will be difficult to maintain from such a position. Someone, sometime, somewhere, must have thought it a good idea to make the change. It was probably raised at the inevitable committee meeting under "centralisation of nocturnal portering personnel and enquiry services". Although we can be sure that the change was made in the interests of efficiency it seems needless, and slightly sad.

A CAUTION TO US ALL

This is a story about a Bishop, who after a long and full life, spent in the service of his flock, passed on. As might be expected, he did not go to the "other place" but went to heaven.

On arrival at the Pearly Gates he was surprised to find that there was an extremely long queue which appeared to be moving very slowly. After a short wait he became impatient and decided to go and have a word with Saint Peter. He explained that he was a Bishop who after a long and full life spent in the service of his flock had come up to heaven and that surely, in his case, there could not be very much in the way of formalities. He ended by asking if he could go straight in and go about his business. Saint Peter, however, was not impressed. He in turn explained that everybody was considered equal and that the Bishop must go to the back of the queue and wait like everybody else. The Bishop was slightly disgruntled but saw the sense in what Saint Peter had said so he went to the back of the queue and awaited his turn patiently.

A little while later the Bishop was extremely surprised (and not a little angered) to see a short man in a white coat and carrying a black bag, stride boldly past the queue, nod to Saint Peter and pass through the Pearly Gates. He decided to go and have another word with Saint Peter. Once again he explained that he was a Bishop and although he did not think it was necessary he had done exactly what Saint Peter had said and waited patiently in the queue. So why, he asked, had a little man with a white coat and a black bag been allowed to walk straight in. "You see", said Saint Peter, "that was not any little old man with a black bag and a white coat, that was God. Occasionally he likes to go downstairs and play Doctor".

GUY'S DIRECTORY

The Guy's Directory which contained the names and current addresses of all old Guy's men and women (old Guy's persons) both Medical and Dental has now passed on. There is no chance at the moment that it will be revived in its old format, although work is being carried out at the moment on a Dental Directory. A great many Guy's men wrote in to the *Gazette* to say what a valuable service the Directory had provided and what a great shame it was that it could not be carried on.

Peter Tillman, an ex-member of the *Gazette* staff, has suggested that the *Gazette* should publish a list of the names and addresses of its subscribers which would provide a directory to our subscribers. It would, unfortunately, not be complete, but it might still be useful. We would be extremely pleased to hear your views on the subject.

SILVER JUBILEE AND BIRTHDAY HONOURS

We would like to congratulate the following Guy's men who have been awarded honours :

Alan Guyatt Parks—Knight Bachelor.

Surgeon Rear-Admiral A. E. Cadman—Commander of the Order of the Bath.

NOTICES

GREENWOOD THEATRE

When this Theatre was designed the Special Trustees intended that its commercial lettings would subsidise its use by the Hospital and the School for conferences and meetings, theatrical productions and concerts on 30 occasions a year. This intention was not realised and the Theatre was closed apart from occasional commercial lettings and the intended Guy's use. During this time heavy overhead expenditure has continued. A lessee has now been found who will ensure that the Greenwood Theatre continues to be available to the Trustees for Guy's use on the same favourable terms as hitherto and for the same number of occasions as well as being revenue-producing at other times for conferences, theatrical productions and television presentations and recordings.

To ensure that the fullest possible use is made of this valuable amenity in the interests of Guy's as a whole, the Trustees will be assisted by a *Greenwood Theatre Users' Committee (whose Chairman is Professor* Stewart Cameron) and this Committee will vet all Hospital and School applications for hire.

The new arrangements will apply in respect of lettings after 1st September, 1977, and all enquiries and applications for hire should be made in person to Mr. G. Biggs, Administrator, at the Greenwood Theatre. Because of the more intensive use of the premises in future hirers are urged to make early application for dates.

CHARITY BALL 1977

The Annual Charity Ball run by the Finalist students of the School of Physiotherapy, Guy's Hospital, is being held this year at the

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CLUBS' UNION NEWS

The ULU SRC (Students' Representative Council) held a training conference for Student Unions within the University at Wye College (Nr. Ashford, Kent) on the 8th - 10th July. The Clubs' Union has found that such opportunities to meet other Union Officers are invariably highly profitable. This is true particularly for all Medical S.U.'s, partly because of the insular nature of London Medical and Dental Schools, and partly due to the lack of any sabbatical officers within their Unions, which inevitably makes inter-Union communication more difficult normally.

With this in mind, and armed with many of the Union's internal files, Phil Carney and I set off for Wye. Wye College is the University's agricultural college, and is situated in the heart of rural Kent; a very pleasant change from the bustle and dirt of London! The college buildings themselves would do any self-respecting Oxbridge college proud, with lots of lawns and quadrangles everywhere! And so, having registered and collected our identification badges, down to business. The conference began with an introduction from Richard Silver, the retiring president of ULU, and with everyone introducing themselves and saying a little about their own Union "set up". During the conference we discussed the ins and outs of the day-to-day running of a Union, the NUS, using M.P.'s and the Press, and we also spent a lot of time discussing problems relating to Medical Students, such as the present campaign over pre-reg. house jobs. (More on this subject later.)

As is usual at such conferences, much of the useful discussion was done informally in the bar. The quiet local pub was nearly taken over by the 40-50 students at the conference! We had ample opportunity to exchange ideas with our fellow Union Officers, and to talk with David Townsend, President-elect of ULU from QMC; and with Lindsey Stevens, the Deputy President-elect of ULU from the Middlesex Hospital Medical School. Incidentally, David and Lindsey are hoping to come and talk at Guy's during Freshers' Week (they also succeeded in consistently beating us at Darts!). It was interesting to note that much interest was shown in starting a ULU Dental Group, similar to the already existing ULU Medical Group. By the end of the conference, I think we all came away much better informed, and with lots of ideas to brood over. Personally, I also came away with a briefcase full of documents acquired over the three days. I hope that some of the ideas we picked up at Wye will show through within the Union during the next few months.

Despite the recent U.G.M. and my last article in the *Gazette*, I am quite surprised to find that some students are still unaware of the potentially very serious situation regarding the shortage of pre-registration house jobs. For those of you who are in the dark, here is a brief *précis* of what is a very complex situation.

(1) In 1965 a Government report on Medical Education (Todd) illustrated the need for an increase in Medical School output over the next ten years or so.

(2) The revised figures aim to achieve a total Medical School output of 4,150 by 1984. (Total Medical School output for 1977 is 3,268.)

(3) Last year the DHSS convened a conference (Church House Confrence) as it became clear there would be a shortage of pre-reg. jobs for the increased number of qualifying doctors.

(4) The Church House Conference published the following figures :

Year	*Med. School Output*	*Pre-Reg. Jobs Available*	*Shortfall*
1977	3,268	3,462	—
1978	3,251	3,536	—
1979	3,366	3,576	—
1980	3,547	3,616	—
1981	3,687	3,616	74
1984	4,150	3,645	505

N.B.—Medical School Output will flatten off by 1984.

(5) However, these figures and recommendations do not take into account NHS cuts, which are causing the closure of wards and hospitals throughout the country.

(6) The situation at Guy's is very much better than at some London Medical Schools, as we are not expanding our student output. However, out of 120 students qualifying per year, 44 of the jobs currently on Guy's Pre-Reg. job circuit are outside our region, S.E. Thames Regional Health Authority. If the situation is allowed to develop unchecked, there is a very real danger of us losing some of these posts, outside the region. It is clearly unreasonable to expect SETRHA to provide jobs for all of these 44 students, and so the need for National action is clearly demonstrated.

(7) ULUMG and NUS Health Sector (NUSHS) have been pursuing a campaign to get something done about the situation. We have been involved in these campaigns, and are also pursuing the campaign at local level.

As part of our campaign, I met Mr. Bob Mellish, M.P. (Guy's local M.P.) at the House of Commons, on Monday, 18th July. Mr. Mellish has a long association with Guy's, being Chairman of the Board of Governors at St. Olave's for 14 years, and also on Guy's Board of Governors for a period of time. Being very much a "Guy's Man" we are lucky in being able to approach him. He was most impressed by the Church House figures, and expressed his deep concern over the situation. He has undertaken to write to the DHSS regarding the matter, and has offered his assistance and advice in pursuing the matter further. It would perhaps be imprudent to go into this deeply at the moment, but he has given me his assurance that he will keep in touch and liaise with me over the situation.

Obviously, the campaign must be continued until the DHSS come up with some concrete action; something which has been notably lacking so far. I hope that you share our concern; I'm sure you would do if you suddenly find yourself in a dole queue after spending 5 years at Medical School.

Finally, thought for August: With the B.M.A. putting in for a £25 p.w. pay rise for G.P's, perhaps they really want doctors on the dole!

Francis Hughes

QUODLIBET SOCIETY

Sir Keith Joseph

Sir Keith Joseph's concentrated and forceful presentation on 7th July aroused unprecedented controversy among his audience. He stated in bold terms the failures of previous governments to solve Britain's economic and social ills, and called for a return to a "free market economy" in which state intervention in many aspects of our lives would be abolished or reduced.

Sir Keith contrasted the austerity, inefficiency and lack of freedom in centralised Communist states with the prosperity and healthy variety of market economies such as West Germany or Switzerland. Here the entrepreneur—the man with a new product and a potential market in mind—is allowed to operate with considerable freedom. Market economies utilise the admitted self-interest and profit-seeking of the entrepreneur for the benefit of the people. Compare, as Anthony Crosland once did, the slickness and innovation of Marks and Sparks with the drabness and bureaucracy of the High Street Co-op! Sir Keith favoured the control of the market rather than the control of a centralised state. For example, if British Leyland cannot produce profitable cars that people will buy then so much the worse for British Leyland. Their market should be taken over by stronger companies supplying what the people want and sensitive to consumer needs. Surely this means that the rich will get richer and the poor poorer. Sir Keith could not disagree more. He felt that a healthy market economy was the surest way of reducing poverty.

Sir Keith's presentation, unsmiling and didactic though it was, seemed to impress the audience with its vigour and sincerity. It was a clear and superficially compelling philosophy for a new, prosperous Britain. His point of view deserves to be examined and, if necessary, refuted very carefully. The dogmatic rejoinder, "I disagree with everything you've said so far", uttered more than once in question time, was to me both irritating and disappointing.

P.J.R.

Our correspondent writes:

"If we take in our hand any volume; . . . let us ask; *Does it contain any abstract reasoning concerning quantity or number?* No. *Does it contain any experimental reasoning concerning matter of fact and existence?* No. Commit it then to flames: for it can contain nothing but sophistry and confusion."

—Hume, from *An Enquiry Concerning Human Understanding.*

Sir Keith Joseph is a clever fellow, and a barrister, and says that there is too much brawn on the Conservative benches. These chestnuts may not be relevant, but I could not help feeling that I was listening to the defence summing up at the trial of the free market economy.

Sir Keith defined the free market economy as a "system of competition which made profit-making moral", and argued that the only alternative was central command. In this dichotomy the free market economy was never really threatened by the straw man of the command system; indeed, I do not think that any of us would like to live in Uganda or Russia. It was disappointing that much of his forty minutes' speech was devoted to this rather gross and irrelevant demarcation. His assertion that "competition is what makes profit-making moral" is as open ended as "physical laws govern the motion of the planets". The point about fair competition is that the competitors act within certain rules; what of course is needed to qualify the assertion is a statement of the rules of the free market economy and how they could affect the way we live. This we did not get.

How would we be taxed in the free market economy? Would we be better off if the health service was run to the rules of a free market economy? Would there be any changes in the law of monopoly? Under what conditions would government money be used to bail out faltering companies?

Is there a moral obligation for governments to provide work? To be fair to Sir Keith he did touch on the last two questions but only with a paucity of precision and only when called upon to do so by the audience. Perhaps the most distrusted area of his thinking lies in the ways in which he would deal with issues, predominantly affecting those at the lower reaches of society, such as social security benefits and birth control. Much of the vociferous opposition to his general philosophy seems to arise *ad hominem* from this area.

Due to limited time he had necessarily to be selective but if his motive was to convince *his opponents* of what he advocates then I feel that he would do better to argue his ideas as they apply to specific cases.

A.P.J.P.

OBITUARY

IAN PULESTON

We were saddened to hear that Ian Puleston, a student of Guy's Hospital Dental School, died on the 9th July, 1977, at the age of 21 years. A former pupil of Maynards Green and Lewes Grammar Schools, he became terminally ill a little more than a year before he was due to qualify.

During the 10 months of his illness he showed extraordinary courage, determination and a strong Christian Faith in the face of increasing pain and disability. He was a keen sportsman, an enthusiastic motorcyclist and an active member of the Guy's Hospital Christian Union.

Ian will be especially remembered by his friends for his infectious, zany sense of humour and for his courage.

R.P.

MEDICAL PROVERBS AND APHORISMS

I was pleased to hear from Dr. Harold Bloom and Mr. Lester Kay concerning my recent articles.

Dr. Bloom writes that Tubby Layton used to talk about "masterly inactivity", and, in quite another context, of "the environment of illness"—remarks of genius. The following he thinks are due to Lance Bromley. "If you don't put your finger in [the rectum], sooner or later you'll have to put your foot in it." "Never operate for pain alone." "Do surgeons surge?" and "Is a man who does minor surgery a minor surgeon?" Dr. Bloom also made the observation that all of the quotations to date have been from men—how about the rest of you? He closes his letter with Rudy Thompson's remark when he saw a nurse looking over the screen while he was demonstrating passing a catheter—"Go away you immoral giraffe!"

Mr. Kay has one of his own for the preface of his third edition of *Drugs in Dentistry*, "A prescriber's best friend is not always his theraputic dogma".

Rodger D. C. Martin.

Editor's note : While on the subject of pharmacology a drug may be defined as "Any substance which when injected into an animal produces a scientific paper".

IN THE OLD DAYS AT GUY'S

By Carl J. F. Westman (qualified at Guy's 1915)

Guy's Hospital, recently celebrating its 250th anniversary, remains in my memory particularly for a period from October 1910 when I entered as a medical student to April 1915 when I qualified. These interesting years I reckon as among the happiest of my long life to which my thoughts often return, partly due to the *Gazette* of which I have been a subscriber ever since. I am glad of this since my short medical career in England, for family reasons and others, had to be interrupted after 10 years' practice in London to return to my native country Sweden.

Besides remembering many fellow students and friends, some of whom lost their lives during that ghastly 1st World War 1914–18, it is easy to recall the appearance and personalities of many of the staff members and excellent lecturers during that time. My memory list includes such well-known names as A. Lane, Newton Pitt, R. P. Rowlands, A. Hurst, L. Shaw, H. C. Cameron, B. Stewart, W. H. Trethowan, C. H. Fagge, N. Mutch, H. Eason, E. C. Hughes, W. Tanner and G. H. Hunt.

For Lane, later Sir Arbuthnot, I did a three months dressership together with Jan Mackenzie under E. G. Slesinger as house-surgeon. While waiting for our visiting doctors, we students used to hang about in the Colonnade talking shop. Lane used to arrive in high style in his private motor car—one of the few at that time—dressed in top hat and morning coat, the custom then for doctors and registrars. It was towards the end of the Great War that more sensible habits first began to be worn. White coats, at any rate at Guy's, had not been introduced for wear in the wards. To be a dresser to Lane, one of the top surgeons at that time, was of course both interesting and stimulating. He was very considerate and helpful to his assistants and widely known for his surgical dexterity. There were often visitors from abroad to watch his operations. He was a pioneer in the surgery of compound fractures where of course asepsis was indispensable—rubber gloves had been introduced by Lane in 1903. An instrument suspected of having been in touch with an open wound was immediately thrown away. In contrast to the scrupulously aseptic conditions practised in Lane's operating theatre, a skilful surgeon operating in a neighbouring theatre, who had made his name in the Boer War, never used any sterilised gloves, nor did one hear of any septic disaster, in the circumstances often a subject of special interest and discussion.

Lane's colectomies in cases of extreme stasis were at that time frequently performed; he used to call such colons cesspools and they certainly often looked like it. In the course of time, however, criticism from his medical colleagues began to arise since they considered the operations too drastic. I well remember the special meeting at the Royal Society of Medicine when Lane was invited to defend his justification of the operation. After a good deal of critical remarks from the medical side Lane got up on the podium and in a state of great irritation and clenching his fists he addressed his medical colleagues and finally said: "We surgeons have to do these operations as long as you physicians don't do your job," referring of course to their neglecting the colonic function—rather a distressing affair.

In a large hospital like Guy's cases of special character often present themselves. Bill, a strong-looking shipyard labourer, was brought in at midnight by the police, with a nasty-looking bleeding wound on his neck.

The result of a fight. In the wound could be seen the top of a broken-off knife-blade wherefore he was immediately brought up for operation by resident surgeon Tanner with my humble self as assistant. The case being of special interest, fellow students in the College were allowed to watch if they wished, despite the late hour. Bill was fairly drowsy from drinks and being of that brave and carefree nature, when on the table and being unused to the bright-lighted surroundings, asked what it was all about. When told he had a broken-off knife-blade in his neck that had to be removed, Bill said he did not want any operation. "I am all right," he said, "no operation tonight anyway, wait till tomorrow . . ." etc. So Bill definitely refused operation in spite of our telling him the risk of delay and since one is not allowed to operate on anyone without consent from the patient himself or some relative or friend, Bill had to be returned to the ward. Since Bill had no relative, the police were sent out to find some pal if possible, who could come and talk sense to him. This proved successful and after more than an hour's waiting the performance could begin again and the operation be completed. The result was that a broad broken-off knife blade about 5 inches long was removed from the back of his neck, close to the cervical vertebrae. Complete recovery followed without complications—except that Bill's antagonist was sent to prison for three months. Bill was lucky. Even a skilled anatomist doing a similar stroke "for practice" could not have guaranteed less damage to vital parts.

It is in the nature of hospital work that quite unexpected events, often of semi-amusing character, can lie in store even for experts. Dr. S., the Hospital's chief and an experienced anaesthetist, was going to demonstrate to a group of students how to manage the "gas and oxygen" contraption for giving a short and efficient anaesthetic for minor operations. During the years under review this method was frequently used. For example, at Out-Patients for complete extraction of teeth, when the dentist, tongs in hand, stood ready for his necessarily swift performance, scattering the teeth on the floor. This time, however, it was going to be an expert demonstration for students of how to handle the contraption in the proper way. As a suitable subject, to be anaesthetised for some minor operation he chose a young man aged 20. He came in fully dressed, including heavy boots and got happily up on the table. Dr. S. took his place at the head of the table while we students, six or seven, stood round to learn how to bring the patient "under" in the best possible way. While Dr. S. was manipulating the valves for moderating the suitable amounts for inhalation he also paid attention to us and in so doing might have turned his head for a moment—when something quite unexpected happened! The subject for our demonstration, far from being sufficiently anaesthetised, suddenly lifted his right leg straight up, banged it forcibly down on the glass table, which broke, rolled off the table to the right and ran back as fast as he could to the ward! Anaesthetist and learners stood quite still wondering for a while—but the patient *was* brought back to the operation table and dealt with more successfully in time.

The art of making a correct diagnosis has always been of prime importance for cure. In the old days the physician was of course mainly confined in his examination to percussion and auscultation, with which methods the students, thanks to excellent teaching and training, became well familiar. Even though in such cases a very fair idea generally could be obtained of pathological changes present, naturally the result could not come up to standards obtainable by today's methods. Consequently it did happen at times that the true diagnosis of a heart affection, for

example, was not revealed until the patient had reached the post mortem department — which did not always, I am afraid, lead up to a solemn reflection over a life spilt.

I can remember a case when during p.m. examination of an advanced cardiac case a somewhat strange and bizarre dialogue occurred between the senior physician who had been in charge of the case in the ward and a junior colleague who was doing the p.m. investigation. While the latter, a man of definitely rising self-esteem, stood at the table facing the students present, handling the heart and with his fluent manner of speech was pointing out the pathological changes found, his elderly colleague stood further behind and in his quiet and sympathetic way was telling us about his clinical findings of the patient while still alive. There did not seem to exist any particular friendship between the two doctors nor did they seem to listen to one another's rivalling exposition of the case, so I am afraid we students found the performance rather distressing. Obviously the clinical and p.m. versions of the case did not concur but who was to be blamed for that? None of them. And none of them could foretell that their successors one day far ahead would by virtue of highly advanced scientific methods be able, as it were, to peep into the heart itself and thereby clinch a true diagnosis.

That a state of shock can be of benefit at times was verified by an event in our common room at Out-Patients where we used to gather at night time while waiting for cases coming in. Quite frequently, particularly on Saturday nights, it happened that "freelancers" who had been up West enjoying themselves used to drop in for some grub and a chat. One such night, Bertie, who had spent a free evening up West together with his friend Day, came up to our room alone to have a chat before going to bed. It was quite evident that Bertie had had far too much to drink and we thought it strange that he had come to our room alone without Day, who had been with him all the evening. On our questioning about Day, Bertie gave rather a slurring account of their doings that evening, ending up with saying that "Day was a bit drunk so I gave him a brandy and some aspirin and sent him to bed" . . . "Some aspirin!" said the house-officer present, "how much did you give him?" "Well I gave him a whole box-full," said Bertie. After discussing what might have been left in the medicine cupboard at our disposal for patients we came to the conclusion that Day must have had a considerable over-dose of aspirin together with the brandy well-meaning Bertie had prescribed! This gave rise to some anxiety about Day's condition so it was suggested we find out. Two of us therefore volunteered to take Bertie with us for the short walk to his digs beyond the College where an old woman let rooms to students.

The query about Day's condition seemed to bring back more sober thoughts in Bertie's head and his nerves began to show definite lack of control. As we started our expedition Bertie did not say a word and was evidently in no hurry to reach our destination, only a matter of a few minutes away. He walked very slowly between us and needed steadying. He remained silent and became short of breath and actually began to shiver as we approached the entrance of the house. In a minute Bertie's "via dolorosa" had come to its end, the door had to be opened. He had the latch-key in his trouser pocket, and it was only after great shivering and difficulty that he managed to get it out. He left it to us to open the door. Coming inside we left Bertie in the pitch dark hall—which he must have preferred to confrontation with his victim, poor chap, while we climbed upstairs to Day's

bedroom where he was found in bed fast asleep. We could rouse him after a while, however, and found him in a comparatively fair condition. The following day he was warded and taken care of by more qualified hands. He had to remain in bed for some time as a protracted case of nephritis. And where did the benefit of shock and fright come in? In the fact that Bertie who for some time had been taking too much interest in alcohol, entirely gave up drinking. For how long the beneficial abstention lasted—I have no knowledge.

In the old days at Guy's there was consistently a small group of students, generally three at a time, named externs, since their activities were entirely taking place away from the Hospital itself, viz. in its Borough district. Their task here was to attend expectant mothers delivering their offspring. Even if these midwifery services had been preceded by relevant obstetric teaching, the externs were very much left to themselves in their first contact with wonderful Nature. But as luck would have it, the mothers' good friend, the gamp, well experienced in these matters, was generally present to assist.

There was a certain air about these appointments which lasted for one month. We externs were, as it seemed, rather an exclusive trio. We had our own separate table at meals in the College diningroom—maybe with hygienic reason—but were not exempt from the customary bread bombardment.

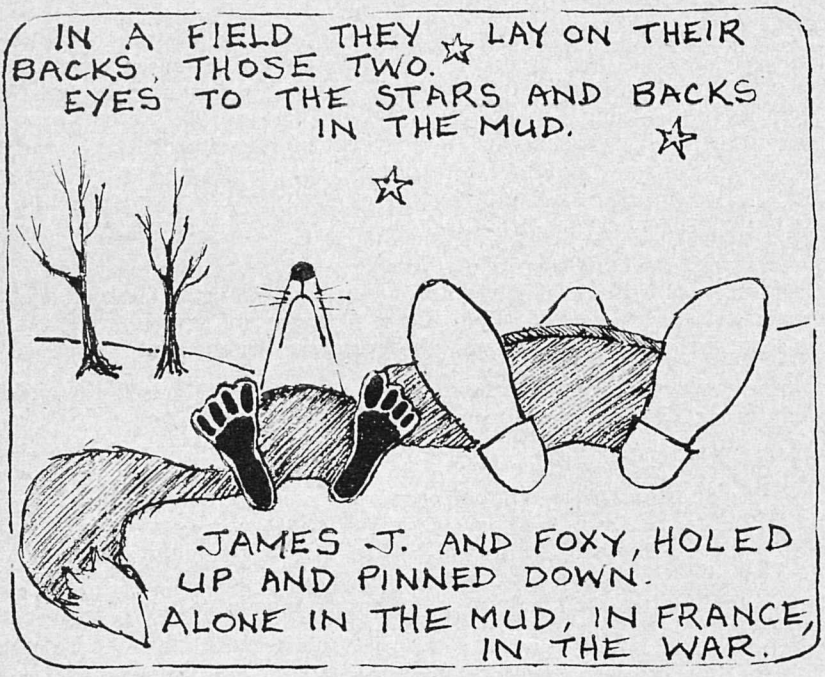
At the end of the month another group took over the jobs and so it continued the year round. During the appointed month we had to live in the College to be ready in turn day and night to be loudly called by the janitor who kept records of expectant mothers and their addresses. Our visits were done by cycling, the only means of quick transport available at that time, and after studying the district map, off one went, not forgetting to fix the black bag with appropriate accessories behind the saddle. Although we externs were not yet qualified, we were always recognised as doctors in the district, probably largely due to our black bags, and were always met with respect and consideration.

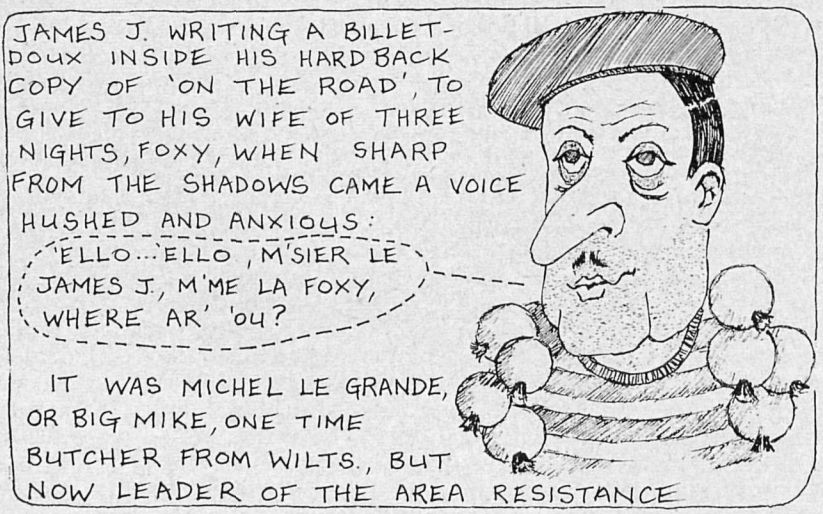
It stands to reason that in those days when everything related to sex and its ramifications was more or less taboo, the novel activities the externs had to deal with would stimulate some brains adapted for it, trying to visualise in spare hours their impressions. There existed at Guy's, perhaps even today, a special room, the externs' room, where the walls were decorated, if that word is suitable, with more or less artistic products often of amusing character.

Despite the strain and irregular hours of work involved in the externs' activities there is no doubt that the appointment on the whole was appreciated both for its interesting experience and for the opportunity it gave us to act on one's own responsibility. In meeting the appalling poverty and miserable habitation still existing in the early part of this century, the externs were also given the beneficial opportunity of widening their outlook on life, of persistent value for a future doctor.

JAMES J. AND FOXY

Tough cookie James J., relaxing in a Polish salt mine, invented and engineered the famous ZIP Punch. Using this low damage, high kill weapon, he zipped to freedom, love and then marriage in Berlin; to a fennec fox who assisted his heroic escape. . . .



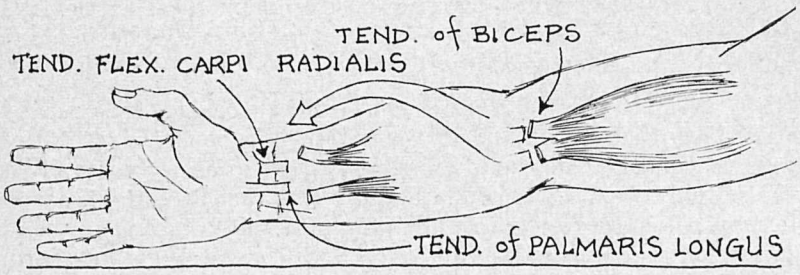


HE WAS STILL 5 MILES OFF, FOR FOXY'S FENNEC EARS WERE PARTICULARLY ACUTE THAT NIGHT, BUT GRADUALLY THE THREE MOVED TOGETHER AND THEIR RENDEZVOUS WAS KEPT.

QUICKLY BUT SILENTLY MICHEL LE GRANDE LED THEM ACROSS FIELDS AND THROUGH HEDGES, ALONG STREAMS AND BY FORESTS, UNTIL THEY CAME TO THE BANKSIDE HIDEAWAY.

THE MOON WAS UP AND FULL BEHIND THEM AS THEY PUSHED OPEN THE CAMOUFLAGED DOOR, AND IT LIT THE FACES THAT TURNED WIDE-EYED TOWARDS THEM. WIDE-EYED AND ANXIOUS. FOR THESE WERE THE MEN DESTINED TO RECEIVE THE FAMOUS ZIP PUNCH OPERATION — ZIP

THE COVETED ZIP PUNCH OPERATION - WHICH INVOLVES RE-ATTACHMENT OF THE DISTAL BICEPS TENDON TO THE CARPAL BONES.



PHYSIOTHERAPY

"Aprés ouverture tenir au frais." Not a French visitor to Glyndebourne asking his companion to hold on to the strawberries before the beginning of Act I, but a manufacturer telling us what to do with his mustard. A little reminiscent of the celebrated maker's instructions for the use of his solid deodorant stick—remove cap and push up bottom. Not only uncomfortable, the complaints were said to run, but furthermore not efficacious.

Communication is the name of the game, and a very difficult game it is to play. When you receive a doctor's referral reading something like "Acute ergophobia—please treat with Eidelberger's exercises" it is fine if you know the score, and well enough if you have recourse to a dictionary, but a bit down-putting if you have to go and ask what it all means.

People discourse about the two-way nature of communication and how it essentially consists of a dialogue, but it is more complicated than that. The terms in which the message is couched must be ones which are readily comprehensible to both parties. It is probable that we have all been offended by a superior's over-simplification, well-meaning though it was, but which carried with it an overtone of condescension. At the other extreme, we have been irritated by the use of some esoteric term which unless we were thoroughly conversant with that particular aspect, we could hardly be expected to have at our finger-tips. But, again, have we too not been guilty of writing reports of startling naïvety or otherwise wrapt in terms which a fellow-professional would recognise but which are meaningless to others?

The discontent which would otherwise seethe away is largely overcome by the exercise of good-will, tolerance and sense of fun, but we are not good at making ourselves intelligible to others. Not that this is peculiar to doctor-therapist or advertiser-consumer communication—we have only to listen to what goes on about us to realise that this is a common problem. Sometimes people not only seem to be speaking different languages—in London now this may well be literally true—but even people nominally speaking the same language may be using different versions of it which make the practitioner of one effectively an alien to another.

It is a dilemma to which those of us whose working lives impinge on others would do well to pay heed. As we are notoriously inept at foreign languages, it would perhaps be too much to expect us all to be equally fluent in all the several sub-divisions of the English language. But it is disconcerting that so many of us are so poor at the mutations, and fail to make the necessary adjustments of vocabulary and idiom which would contribute to the rapport and high level of communication with our patients that we should aim for. By the same token, our relationships with our professional colleagues will improve with a better appreciation of the boundaries of one another's knowledge.

R. J. Cooper.

NURSING

The Nurses' Appraisal System

There has recently been much discussion about the revised proposals for staff appraisal within the Nursing Profession.

Until the early years of this decade, it was not common practice for any formal assessment to be made of senior staff. Whilst in training, it has of course always been obligatory for regular reports of a student's practical work to be made, usually after each ward experience; but after completion of training this is discontinued. With this in mind therefore, an appraisal system was devised, to give a nurse an indication of the quality of her performance after the first three years.

The deliberations resulted in the production of an appraisal form for trained staff, and a manual which gave guidance as to how appraisals should be conducted. Some hospitals also held short courses for their staff.

Nurses are a somewhat conservative breed, and many of them did, and still do, regard appraisals as a threat. This stems from traditional attitudes within the profession, and its hierarchical structure. It is not the custom for praise to be given or accepted and if a nurse is summoned to see a senior colleague, she naturally assumes that she has erred in her ways. In fact she is probably correct in this assumption. If however that nurse shows any marked ability, she will not be complimented on this, but merely ignored.

It is not therefore surprising that nurses have been sceptical about the innovation, particularly as most appraisers feel insecure when conducting the interview, and transmit this to the appraisees. The more cynical have stated that more information is gained about the senior person than about the one being appraised, and this is not without considerable truth.

The revised appraisal form attempts to overcome some of these difficulties, but one would imagine that until there is an alteration of attitudes within the profession, problems will still be encountered.

Many people have asked why it should be necessary for very senior staff to be appraised, and in any case who appraises the District Nursing Officer? This question is not without merit. At a Senior level, the way in which a nurse undertakes her work is very evident. If her performance is not acceptable, or if it is of an extremely high standard, this surely can be communicated to her without resort to a written report. In addition, one is increasingly concerned nowadays with the amount of information which is stored for use at a future date, and the way in which it is used.

The discussion about appraisals is not complete, and one cannot help wondering whether the time and work involved is really as valuable as the instigators of the scheme believe.

BOOK REVIEW

"Geriatric Medicine for Students", by J. C. Brocklehurst and T. Hanley. Pp. 250. Price £2.95. Published by Churchill Livingstone.

The number of textbooks containing the principles of Geriatric Medicine is growing *pari passu* with the success of the speciality. Current attempts to "merge" Geriatric Medicine with General Medicine are merely a reflection of the truism that Geriatric Medicine is good General Medicine in elderly patients.

John Brocklehurst was for a time Consultant Physician in Geriatric Medicine to Guy's Hospital, based at New Cross, and was in fact my predecessor. Dr. Hanley was also well-known at Guy's. It is fitting that the *Guy's Hospital Gazette* should receive their book for review, the more so because it is outstandingly good.

Within a short 250 pages, in a pocket-size paperback format, the authors have given a most remarkable exposition of the substance of Geriatric Medicine. The text is succinct and packed with relevant information; and there is no stodginess, and the lucid style allows—indeed, encourages—one to read and digest rapidly.

One of the major virtues of the book is its knack of offering a clear perspective of the issues that really matter, presented in a practical way so that the reader may gain not only understanding of the common problems to be found in elderly patients, but also a quick and effective grasp of how to cope with them.

There is much emphasis on "management" rather than the more routine "treatment" and this shows the realistic approach which is the keynote of this book.

There are many delights—too many to detail—but illustrated at once by the opening pages of the book which give a brilliant, brief, clear outline of the theories of the ageing process. Adaptation to growing old is described according to the work of Reichert, and Guy's students who attended my lectures may recall my slides illustrating the various personality-types, portrayed as caricatures devised and created by Miss Archer in our own Department of Medical Illustration.

There are invaluable tips on technique scattered throughout the text—especially in the section on the history and examination of geriatric patients; and the exhortation to think of *problems* rather than of diagnostic labels is a long-established principle in Geriatrics, antedating POMR (problem-orientated medical records) by a quarter of a century.

Of course, one may find parts to criticise—e.g., in the interests of brevity there is sometimes a tendency towards over-compression—and then vital bits get left out—e.g., Sheldon's sway diagrams on page 57 are inadequately supported by explanatory material, either in the caption or the text. But to carp is to nit-pick where this book is concerned.

For the busy undergraduate or post-graduate, this book is one of the best textbooks of medicine available today. A good grasp of its principles will equip any doctor with a superior ability to cope with elderly patients and their multiple problems, including manipulation of their environmental situations for the benefit of all concerned.

Everyone should read it.

D. E. HYAMS, MB, FRCP.
Formerly Consultant Physician
Guy's Department of
Geriatric Medicine.

CORRESPONDENCE

Dr. Dennis Deuchar

Sir,

I know that many colleagues and friends of the late Dennis Deuchar would like his name to be perpetuated at Guy's in some way and I am writing to invite contributions to a fund being set up for this purpose. The precise form of the memorial will be decided in consultation with Mrs. Deuchar in the light of the response to this appeal.

Cheques should be made payable to Guy's Hospital Medical School and sent to me.

Yours faithfully,

J. C. HOUSTON,
Dean.

Car parking in Snowsfields

Sir,

The Clubs' Union Council is currently negotiating with National Car Parks Ltd. for concessionary rights in the Snowsfields car park for members of the Clubs' Union. It would be extremely helpful if those people who would be interested in making use of such a facility would contact me as soon as possible.

Yours faithfully,

S. J. CHALLACOMBE,
Senior Secretary,
C/o Dept. of Oral Immunology
and Microbiology,
Guy's Tower.

From the Central League for the Annihilation of Minority Parties

Sir,

We are shocked and disgusted again. After hearing the so-called Herald of the Right, Sir Keith Joseph, proselytise with such arrogation about a facility people do not require; we feel impelled to action. This facility, of course, is freedom. Any dissenting minority must acquiesce to the dictates of command or be destroyed. We are tired of listening to political eunuchs. It is due to these panic-stricken moderates that the nation preserved this discredited and dispirited government, that disposes so summarily the Doctor's play claim. We at CLAMP are not puffed up and self seeking, nor are we tyrannical or despotic. We have the power to control, but CLAMP is led by no Genghis Kahn, but more a Grace Darling come to save Britain from the waves.

So much for animal suffering, so much for human shame.

Carry on Sergeant Major.

C.L.A.M.P.

Fire in the Tower

Sir,

I would like to bring to the attention of your readers the ways in which fire alarms are regarded by senior members of the hospital staff.

One afternoon the alarm was activated in the Tower block and no action whatsoever was taken by most of the staff working there. On enquiring as to why we ignored all fire alarms I was told that unless a telephone call was made to each department telling them to evacuate the building, all alarms should be ignored and treated as test drills.

Surely if one telephone call can suffice to alert each department then the fire alarm system is totally unnecessary.

The Tower is not the only building in the hospital in which this has been known to happen, although the terrible consequences of an ignored alarm in a building of such size can be more easily visualised there than in any of the smaller buildings.

If the staff cannot be responsible for taking action in such cases then where does that leave our patients?

It may be said that the Tower block is still being altered, but surely the fire alarm system is one which we cannot afford to be uncertain about.

Yours faithfully,
Second Year Student Nurse.
(Name withheld on request.)

Nurses Home,
Guy's Hospital,
London, SE1 9RT.

Medical Aphorisms and Proverbs

Sir,

I very much doubt that it was Sir Alfred Fripp who coined the aphorisms quoted in the article. Mr. T. B. (Tubby) Layton used to refer to the Three Maxims of Sir Wilfred Trotter, philosopher and pioneer of otorhinolaryngology.

1. ALWAYS remember NEVER to use either of these words in medicine or surgery.

2. NEVER have a drink because your friend is thirsty.

3. ALWAYS empty your bladder when you have a chance, and the need.

I am sure that I am right. Sir Alfred Fripp was a wizard at raising money for charity via either the Froth-Blowers or the Mustard Club, and for removing Royal cartilages, but I do not think was as good a philosopher as the man who wrote about the "Herd Instinct".

Yours faithfully,
(*Pace* Mr. Norman Punt),
P. A. LANE ROBERTS.

Heading ?

Sir,

May I ask you to cast your mind back to May 1977—to the Residents' Play—4077—A Guy's Oddity? You have? Excellent—because you have now The Chance of a Lifetime to hear, once again, that Noble Cast of Pseudo Thespians resolutely driven on by that Superb Band of Real Musicians. Yes, Records of The Music of The Show are now available.

The price (such is inflation) is £3.00 including A Book of Words and a Record Sleeve in Glorious Bichrome!

Should any of your Illustrious Readers care to purchase one of the Limited Edition of one hundred copies now available, would they please write to *me C/o The Residents' Mess*, New Cross Hospital, Avonley Road, S.E.14 enclosing details of where I should send the said recording and also, if possible, remuneration for same.

I hope to encourage the populace to Hurry While Stocks Last and while I remain

Your obedient servant,

JON AYRES.

SPORT

SPORTS REPORT

Dear all,

I had a letter from my old sporting friend Brian Bore the other day. He was filling me in on the sporting scene at Guy's. He was I think in a reflective mood when he wrote, rather maudlin about the mixed fortunes of Guy's cricket. Apparently a chap in an old grey raincoat goes round Guy's bar on a Friday offering Nicholas Parson's autograph to anyone who will play cricket and face 11 West Indians all of whom bowl at over 100 m.p.h. Bore admitted that he himself was not brave enough but said he was full of praise for those boys who were and who became men overnight.

Most of his letter was about the second team. They had a record number of defeats this season until recently when John Twomey's death or glory boys won a game quite by accident. He told me about the Guy's shuffle which apparently is their innovation. This consists of the batsman giving a little hop backwards as the bowler charges towards him. Then he is in a position to get hurt only if the bowler specialises in leg wides. Also one wild swipe and if he is not bowled and does not hit his own wicket he stands a good chance of hitting four glorious runs. The seconds used this magnificent technique to full advantage recently in a very friendly match against a team of female physiotherapists and gained a memorable draw at 137 all.

These marvellous examples of Guy's ingenuity and enthusiasm show me that all is well at Guy's whilst I holiday. What with England also winning the Test, all I need now is an application for England soccer manager and I shall be happy. Sob your socks off Don.

Yours in sport,

J. J. EARNSHAW.

FENCING

Guy's Hospital Fencing Club Cup Winners 1977

The *Inter-Hospitals Fencing Cup Final* was held on Saturday 18th June against the London Hospital.

A cool misty wet morning greeted the 10 fencers who met in the East Wing on Saturday morning. After a quick glance and reshuffle of teams, we proceeded in convoy to the London Hospital, and arrived having lost the Ladies team somewhere in between. They arrived half an hour later, honour intact, with the suspicious story of having got lost *en route*.

Penetrating the outer defences of the Whitechapel "health" centre, we were subjected to a psychological warfare ploy —they hadn't turned up! Undaunted, G.H. kept their spirits up in the traditional manner, during which time a few members of the opposition presented themselves "forgotten" about the challenge to their hospital only issued a matter of weeks previously.

An hour later the match was underway, and from the start, it was quite apparent that Guy's had the upper hand. Peter Strigner and Charles Akle were both by now giving the London Hospital a good return for their earlier behaviour, and won all of their fights. Aubrey Bristow and Nick Barrie perhaps a little less well on form, both won all their fights but one. Tina Chrysseides, fencing for the first time for the club, put up a very good performance also, showing that all her lessons with our coach were well worthwhile.

The result was an outstanding win for Guy's.

Teams: N. Barrie (capt.), C. Akle, A. Bristow, P. Strigner, J. Gryp-lowczowski, J. Watton, J. Lovett, T. Chrysseides, H. Clare-Wright.

N. J. B.

HOSPITAL INFORMATION

BIRTHS

BEACHAM—To Anna (née Pearce) and Richard Beacham on 22nd June, 1977, a son, Andrew, a brother for Claire and Jane.

OAKENFULL—To Rosemary (née Boddy) and Stuart Oakenfull on 24th March, at Pembury Hospital, a son, Timothy, a brother for Dominic.

MARRIAGES

BENTLEY—CLARKSON. The marriage took place on 2nd July, 1977, at Greenwich, between Michael Bentley and Jennifer Clarkson.

DEATHS

CROCKER—Mr. E. Crocker, LDS, died 11th June, 1977, at the Royal National Orthopaedic Hospital, Stanmore, Middlesex.

HAWKINS, Dr. B. E.—On the 30th May, 1977. Qualified at Guy's in 1925.

HAYES—Mr. E. V. Hayes, LDS, RCS (Eng), died 2nd July, 1977.

TAYLOR—Dr. John Taylor died 8th June, 1977, in Jersey.

CHANGES OF ADDRESS

Dave and Liz Balean, 24 Buckland Street, *Toowoomba, Queensland 4350, Australia.* Tel. 076–355853.

Dr. W. R. Kirkpatrick, 8 Lhag Beg, Port Erin, Isle of Man. (Correction to change of address shown in June issue.)

Dr. and Mrs. R. W. T. Myall, 17813-47th Avenue, N.E. Lake Forest Park, Seattle, Washington 98155.

Stuart and Rosemary Oakenfull, 16 Knowsley Way, Hildenborough, Kent, TN11 9LG.

Mr. and Mrs. D. J. Wandless, "Little Braxted", Shipton - under - Wychwood, Oxfordshire, OX7 6BQ. Tel. 830200.

PASS LIST

THE CHARTED SOCIETY OF PHYSIOTHERAPY

May 1977 Examinations

FINALS

Miss A. E. Darnell
Mrs. H. M. Green
Miss S. Hale
Mrs. N. J. Ingham
Miss T. McDiarmid
Miss A. A. Pearson
Miss A. L. Prior
Miss Y. K. Ng

INTERMEDIATE

Miss P. A. Assinder
Miss A. Buffham
Miss D. M. K. Britton
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Miss A. E. Cameron
Miss L. C. Chapman
Miss E. Cooper
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PRELIMINARY

Miss G. A. Dobson
Miss C. P. Kinloch-Jones

M.R.C.P.

R. S. Ackroyd
R. D. Armstrong
N. P. Byrom
R. J. Morgan
J. J. Oram
E. M. Reuben
A. Z. S. Rohatiner
C. B. Vulliamy

PAPERS BY GUY'S MEN

Barratt, T. M., Cameron, J. S., Chantler, C., Counahan, R., Ogg, C. S. *and* Soothill, J. F. Controlled trial of azathioprine in treatment of steroid-responsive nephrotic syndrome of childhood. **Archives of Diseases in Childhood,** 1977, **52,** 462.

Betteridge, M. A. Is your orthodontics stable? **Dental Update,** 1977, **4,** 151.

Bradbrook, I. D., James, C. *and* Rogers, H. J. A rapid method of the determination of plaoma mexiletine levels by gas chromatography. (Letter.) **British Journal of Clinical Pharmacology,** 1977, **4,** 380.

Cameron, J. S. Diseases of the urinary system. Treatment of glomerulonephritis by drugs. **British Medical Journal,** 1977, **1,** 1457.

Cameron, J. S. Diseases of the urinary system. Treatment of glomerulonephritis by drugs—II. **British Medical Journal,** 1977, **1,** 1520.

Cameron, J. S. Symptomless proteinuria and the nephrotic syndrome. **Medicine** (UK), 1977, **28,** 1527.

Challacombe, S. Recurrent oral ulceration (abridged report). **Proceedings of the Royal Society of Medicine,** 1977, **70,** 354.

Franks, C. R. *and others.* Growth of acute myeloid leukaemia as discrete subcutaneous tumours in immune-deprived mice. **British Journal of Cancer,** 1977, **35,** 697.

Haskel, R. Orofacial pain. **Dental Update,** 1977, **4,** 137.

Holt, D. W., Williamson, J. D. *and* Volans, G. N. Digoxin measurements in general practice. **British Journal of Clinical Pharmacology,** 1977, **4,** 321.

Lehner, T. Recurrent oral ulceration (abridged report). **Proceedings of the Royal Society of Medicine,** 1977, **70,** 356.

Lyttle, J. A. *and others.* Intersphincteric excision of the rectum. **British Journal of Surgery,** 1977, **64,** 413.

Mitchell, G. H., Butcher, G. A., Langhorne, J. *and* Cohen, S. A freeze-dried merozoite vaccine effective against plasmodium knowlesi malaria. **Clinical and Experimental Immunology,** 1977, **28,** 276.

Panayi, G. S. *and* Corrigall, V. Functional aroay of cytotoxic lymphocytes involved in antibody-mediated cytotoxity in normal and rheumatoid subjects. **Annals of the Rheumatic Diseases,** 1977, **36,** 257.

Parsons, R. L., Hossack, G. A. *and* Paddock, G. M. Pharmacokimetics of pivmecillinam. **British Journal of Clinical Pharmacology,** 1977, **4,** 267.

Ritchen, S. Recurrent oral ulceration (abridged report). **Proceedings of the Royal Society of Medicine,** 1977, **70,** 355.

Roberts, A. M. *and another.* Bacterial motility and intrauterine catheter-borne infection. **British Journal of Obstetrics and Gynaecology,** 1977, **84,** 336.

Roberts, B. J. Mylohoid ridge reductions as an end to success in complete lower dentures. **Journal of Prosthetic Dentistry,** 1977, **37,** 486.

Seller, M. J. *and another.* Amniotic fluid AFP in multiple pregnancy. (Letter.) **British Medical Journal,** 1977, **1,** 1600.

Toseland, P. A. *and others.* An index for prescribing phenyton in childhood. (Letter.) **British Journal of Clinical Pharmacology,** 1977, **4,** 378.

Williams, B. D. *and* Lehner, T. Immune complexes in Behct's syndrome and recurrent oral ulceration. **British Medical Journal,** 1977, **1,** 1387.

Williams, D. G. Glomerulonephritis. **Medicine** (UK), 1977, **28,** 1518.

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 12 days before publication. Copy dates for the next 3 months are: 15th August, 12th September and 17th October.

Copy may be sent to us at 16, St. Thomas Street, S.E.1.

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When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

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GUY'S HOSPITAL GAZETTE

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MONTHLY | 27 AUGUST 1977 | VOLUME 92 | NUMBER 2273

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

The Fourth Estate

We are currently saying goodbye to our retiring editor who, as with previous editors, finds that medical qualification means moving on to new fields with different priorities and responsibilities. This has happened before and will no doubt happen again in the future. Our editors, even our readers, will always be changing as individuals. But the basic need for a Hospital journal does not change and it is the responsibility of the *Gazette* and successive generations of its staff to fulfil that need.

Possibly the single most important concept in the universe is that of communication (or why the expense of that Bach-singing space probe?). Communication is the *sine qua non* of all human interaction—on which our lives, loves, deaths and development depend. Its evolution is perhaps comparable to its changes in the life of the growing human being. The infant (early man?) makes known his demands and expresses his feelings with a variety of non-verbal signs and gradually learns to use those formalized techniques that are recognized to have specific meaning not only for himself but also for others. This formalization is the vital principle underlying our ability to communicate.

The diversity of methods of communication is immense. We are told that over 50% of communication between people is non-verbal. We learn as much if not more of the feelings and character of a speaker from his use of muscle and blood vessel than from the content of his words. Thus the great advantage—and disadvantage!—of television as compared with radio in communication from an individual to the masses. But the importance of seeing our interlocutor notwithstanding, the power of the *written* word is certainly very great.

When Neolithic Taffimai Metallumi drew her first picture and saw in her father's saying "ah" a resemblance to a carp (I was brought up on the

Just So Stories!), she put in our hands a tool of great value. She saw writing as a means of conveying messages *in absentio* but, as we now know, it is far more than that.

The "power of the press" is axiomatic. Words on paper can form commands, requests, explanations. They can outline statistics, ideas, emotions, be a utilitarian conveyance of facts or an inspired, beautiful piece of art.

But the art of communication is a two-way process. For it to be worthwhile, it must be intelligible not just to the donor but also to the recipient. Thus true communication is by convention. It is not enough simply to have an idea, one must be able to explain it to others and that can only be done using terms and forms that are generally understood and accepted. How much simpler might life have been if man had never striven to be God and never attempted the building of the Tower of Babel? What disasters, personal and political, might have been averted if people could explain themselves to each other by words instead of deeds? We accept the futility of language barriers, yet we are guilty ourselves of raising more and more, vainly dividing ourselves into cliques by jargon, cant and slang. Doctors, lawyers, punk-rockers—in this sense we are all culpable.

Total freedom of communication depends upon breaking down these barriers. But implicit in such freedom of communication is restriction of form. I have spoken of the power of the press. In the use of the written word, it is not just the use of a conventional vocabulary that is important, but also the use of recognized and recognizable constructions. Words alone are meaningless, it is the way they are linked together that gives them form, life, beauty—and sense.

With these provisos the power of the written word is almost limitless. All the media, and perhaps especially the press, of which the *Gazette* is proud to be a part, can sway public opinion and influence decision-making on matters trivial or portentous. Like a newspaper, the *Gazette* can and should be the carrier of information, the mirror of opinions, the vehicle for public discussion and exchange of views. But if the *Gazette* is like a newspaper, it is also like a book. A written page may be a picture of our time, a diary of our thoughts, scientific and philosophical, and form a record for posterity—enhancing group memory so that each generation can continue from where the last left off and *not* begin at the beginning each time. The *Gazette* aspires to join such a worthy process.

"Gazette" Staff Changes

This month the *Gazette* has a new editor. Dr. Michael Bourne has retired after a long and happy career with the journal. Miss Stephanie A. Amiel, B.Sc., who joined the *Gazette* in February, 1976, and has been Assistant Editor since October, 1976, has succeeded to the position. Mr. Richard Henderson, B.Sc., on the News Staff since last September, is welcomed as Assistant Editor.

NEWS IN BRIEF

The Real Expert

B.B.C.2's *Horizon* series is to present a profile of our well-known pathologist, Sir Keith Simpson, on 16th September, 1977, at 9.25 p.m. (see *Gazette*, 29th January, 1977). The probable title of the programme—produced by Chris La Fontaine—is "A Life of Crime" and the forty-minute item includes film of Professor Simpson taken in the Hospital earlier this year.

250th Anniversary

The *Gazette* published last year a book entitled *Guy's Hospital 250 Years,* edited by Clive Handler. Copies of the book, which includes an account of last year's celebrations and the Queen's visit, are still available from the *Gazette* office, price £2.00 plus 50p post and packing.

MB Schedules

Schedules for the final M.B., B.S. examination, parts IV, V, VI and VII (revised regulations) must be given to the Medical School Office by Monday, 26th September. The examination begins on 28th November.

Concert Plans

The Music Club Christmas Concert will be held this year on Wednesday, 7th December, in Southwark Cathedral. The programme has not been finalised but will be partly choral and partly orchestral. Any suggestions are welcomed by the Secretary, c/o East Wing.

The last concert, held by the Music Club in May, was a resounding success. It was the first time the Club had used the Greenwood Theatre for a performance and the evening was very well attended by a responsive and appreciative audience. The concert was rendered memorable by the virtuoso performance of James Hogg as the soloist in the Mendelssohn Violin Concerto and distinguished by the superb playing of the Guy's orchestra under the capable control of both Peter Shipton (making a great success of his debut as conductor of this orchestra) and Nicholas Bathurst, who conducted with the expertise we have come to expect of him.

All three of these fine musicians are senior clinical medical students at the Hospital.

Former President Weds

We wish every happiness to last year's Clubs' Union President, Mr. Timothy Palmer, B.Sc., and his bride, Rhona Hickman. They were married on Saturday, 9th July, in the Chapel of St. Peter's College, Oxford, and spent their honeymoon in Switzerland. Tim, who continues his involvement in student affairs, returns to Guy's to complete his studies for M.B., B.S. and Mrs. Palmer continues in her post as Dental Registrar at the Hospital. Warmest congratulations!

Prize Winners

Drapers' Company Award, 1977: Miss N. Boyes, R. G. Henderson.

Ian Howat Memorial Prizes, 1977: J. A. Hancock, M. J. Humphries.

Charles Oldham Prize in Ophthalmology, May, 1977: M J. Tidman.

Dermatology Firm Prizes:

January—March: 1st, P. F. Shipton; 2nd, A. J. M. Lalor.

March—May: 1st, A. H. M. Heagerty; 2nd, N. R. Womack.

May—July: 1st, D. L. Williams; 2nd, J. S. Aldis.

Treasurer's Medal and Tewfik Prize for Surgery, May, 1977:
Miss M. E. Heber.

Treasurer's Medal and Prize and Baldwin Prize for Clinical Medicine, 1977:
No award.

ICI Pharmaceuticals Division Prize for Therapeutics and Clinical Pharmacology, May, 1977: A. A. Quyyumi.

Golding Bird Medal and Prize in Obsterics and Gynaecology, June, 1977:
Miss D. M. Mitchell. *Certificate:* Miss A. L. C. Nixon.

Leonard Lubbock Prize in Chemical Pathology, June, 1977: Miss S. Dunn

Confined Junior Science Scholarships, 1977.

Medical: N. Kendall.

Dental: No award.

Edgecumbe Prize, 1977: Miss D. C. Over.

Confined War Memorial Scholarships, 1977:

Scholarship: D. E. Fish.

Exhibitions: N. A. Fletcher, I. G. Kestin.

Confined Clinical War Memorial Scholarship, 1977:

Scholarship: Miss C. A. Keyte.

Exhibition: Miss S. J. Grieve, J. R. MacDonnell.

(The 1976 exhibitions awarded to Miss J. C. Foster, M. J. Lind and P. Revell have been increased to a value of £50.)

Tewfik Prize in Anatomy, 1977: Miss J. C. Foster.

Tewfik Prize in Physiology, 1977: A. J. R. MacDonnell.

Hilton Prize for Dissection, 1977: R. Sutton.

Preliminary Clinical Prize, 1977: Miss C. A. Keyte.

Ophthalmology Firm Prize, January—March, 1977: P. K. Goutam.

Our congratulations to all the successful candidates.

Community Medicine News

Dr. M. F. H. Bush was appointed Registrar of the Faculty of Community Medicine of the Royal College of Physicians at the Annual General Meeting in April. Professor Michael Warren of the University of Kent retired as Academic Registrar of the Faculty of Community Medicine at the same meeting.

Surgical I.T.U. Named

The surgical intensive therapy unit in the Guy's Tower is to receive the name Russell Brock Ward. This recommendation from the Medical Committee Executive was accepted by the Guy's D.M.T. as fitting recognition of Lord Brock's great contributions to cardio-thoracic surgery in this country and throughout the world.

Assistant Principal, School of Physiotherapy

Miss J. A. Jones took up her appointment as Assistant Principal of the School of Physiotherapy on 1st July, 1977, following the retirement of Mrs. B. R. Crux on 30th June.

Solomon Islands Post for Guy's Doctor

Dr. Giles Taylor of 55 Burpham Lane, Guildford, who trained at Guy's, is leaving England in October to spend two years at a hospital in the Solomon Islands. He will be accompanied by his wife and children.

The Friends of Guy's Hospital Cookery Books

These are now being sold in the office of the Friends of Guy's, 16 St. Thomas Street, London. Over 270 personally tried recipes. Would make excellent Christmas gifts. Attractive cover. Price : £1.00 each.

OBITUARIES

MURRAY FALCONER

We are sorry to announce the death of Mr. Murray Falconer, on 11th August. He was 67.

Murray Falconer came from New Zealand to become one of the great names of British neurosurgery. He qualified at Dunedin in 1934, gaining his F.R.C.S. in 1935. In 1938 he graduated M.Ch., working first at the Mayo Clinic, and later at Oxford. During the War he joined the R.A.M.C., returning later to New Zealand as Professor of Neurosurgery at Otago. In 1950 he again came to Britain as Director of the Guy's, Maudsley and King's Neurosurgical Unit, retiring in 1975.

Murray Falconer made many contributions to his chosen field, working especially with epilepsy and psychosurgery. He will be long remembered for his work which won him the M.R.C. Psych., and for which he was well known both in the U.K. and abroad.

We extend our sympathy to his family.

LADY HILDA MARGARET EASON

We announce the death of Lady Hilda Margaret Eason on 24th June. Her late husband was Sir Herbert Eason, Kt., C.B., C.M.G., F.R.C.S. Sir Herbert was Ophthalmologist at Guy's (1905-1957), and Dean of the Medical School from 1904 to 1912. Later he became Hospital Superintendent, and was appointed Vice-Chancellor of the University of London. Subsequently he was Principal Officer of the University, and President of the G.M.C.

Dr. C. H. RIPMAN

We regret to announce the recent death of Dr. Christian Hugo Ripman, which occurred on 8th July this year. This remarkable man gained his *B.Chir.* at *Cambridge in 1907 and was 98 at the time of his demise.* We extend our sympathy to his family and friends, including his son, Mr. Hujohn A. Ripman, F.R.C.S., F.R.C.O.G., a gynaecologist in Ipswich who was formerly on the editorial staff of this journal.

LADY FRANCIS-WILLIAMS

Lady Jessie Francis-Williams died on the 7th July and was buried at Abinger Common, Dorking, on the 12th July, 1977.

She worked at Guy's Hospital in The Newcomen Centre where she did a follow-up with Dr. Neil O'Doherty on children who had shown signs of neurological dysfunction, demonstrating that many of them had impairment of I.Q. She also did work with Dr. Pamela Davies at the Post-graduate School and was working with Dr. Stephen Macoun at Guildford. He has allowed us to reprint the tribute he paid to Jessie Francis-Williams at her funeral service:

"I count myself fortunate to have been accepted as a friend by Jessie Francis-Williams and not merely as a professional colleague.

"Although due to our mutual interest in the problems of children we first met many years ago, it was not, however, until the last few years that I gained the opportunity to meet her more frequently and regularly—and so came to appreciate her outstanding qualities as a person.

"She was, indeed, a remarkable woman in so many ways—possessed of a fine intellect allied to an enquiring mind, which she applied to much original research in her chosen field of clinical psychology.

"As we know, she was for many years a valued member on the Staff of Guy's Hospital where her work was highly regarded.

"But more important than Jessie's undisputed intellectual capacity was her fine character.

"She was such a gentle, kind person—deeply concerned to help others with their problems and thus uniquely enabled to gain their trust and affection.

"The warmth of her personality endeared her to everyone: she was so truly modest and so generous of her time without thought of return.

"I believe that we, who were lucky enough to have known and worked with Jessie, have unconsciously gained greatly by reason of her example and conduct.

"I believe, also, that due to her self-effacing modesty she, perhaps, never did realise how greatly loved and respected she was by all her friends and colleagues.

"Jessie's last tragic illness and death has saddened us all and to her family we offer our deepest sympathy in their bereavement.

"Jessie was truly a wonderful woman who served humanity well."

R. C. MacKeith

CLUBS' UNION NEWS

The writing of *Clubs' Union News* is, for me, a fascinating monthly exercise. To write a news article, the prime requisite is (surprise, surprise), to have some news! Particularly as I write in the capacity of Clubs' Union President, rather than the Gazette's Clubs' Union correspondent, it is possibly the sole requisite in my case, for I have few literary or journalistic skills to call upon. Thus every month as copy date comes around, I have to sit down and think about the Union in a fairly objective way. What have we been doing over the last month? Have any important issues come up? What is planned for the immediate future? What does the average student want of the Union and how does this tie in with our present activities? Regularly to ask questions such as these is probably a very good thing. It is far too easy to become some sort of hermit down in the Union office without ever thinking of these vital questions. Of course for keeping the Union on the right track, there can be no substitute for actually hearing what you all want of the Union. Such opportunities seem to be reserved to Union General Meetings and the odd informal discussions in the Spit, Bar, etc. It would be nice to see people submitting questions (preferably written down) and suggestions directly to the secretaries of the various Union committees, which are after all your committees, elected by you. This is not only applicable to the Union, but also to SMEC and the Dental Society. To help you with this, minutes and agendas will be displayed on the notice boards for you all to read and comment. The Union committees will display their information on the notice board outside the Union office, SMEC information is displayed on their notice board on the first floor of the East Wing, and the Dental Society similarly use the notice board on Floor 24 of the Tower.

What has been worrying me is that the writing of *Clubs' Union News* is little more than this mental exercise which I have already spoken about, although it does give me an opportunity to practise my rapidly improving two-finger typing! I wonder how many people actually read this column regularly and take any notice of anything I have written. (Perhaps those of you who haven't read this would let me know!). If you have read this far (particularly as it was apparent from my first paragraph that I have no news this month!) then I am probably preaching to the converted. It would be nice to think that people do take an interest in what is written in *Clubs' Union News*; this applies not only to students, but to all *Gazette* subscribers. With 1,000 students at Guy's, anything that we do should (I hope) be of some relevance to Staff within the Hospital, and to Guy's men outside. A particularly good example of this is the current campaign over pre-registration house jobs. As it happens, I could have found plenty of news for this month's article. Over the last couple of weeks I have taken the opportunity to catch up on various aspects of Union work and I think it is fair to say that over the next two months the Union could well be making quite a few steps forward, as regards its activities generally. Much more on this will be appearing soon, once everyone has returned from their trips to the Costa Brava and Corfu. (On a student grant?)

Advanced Warning: On October 3rd, approximately 200 fresh-faced persons will descend on the Medical School, and this will mark the start of a week of Union festivities. Anyone who would be prepared to show some of them around the Hospital in the morning of October 3rd, please contact me c/o E. Wing.

Francis Hughes

MICHAEL G. BOURNE
B.Sc., M.R.C.S., L.R.C.P.

Gazette editorial policy has always been to eschew clichés, but many of them enfold much wisdom and when it is said that it is never easy to say good-bye, it may sound trite, but it is true. To say good-bye to someone like Michael Bourne is indeed not an easy task, but now that he has retired as editor of this journal, it is a task that must be done.

We should perhaps be saying thank you rather than farewell. Everyone involved with the *Gazette*, readers, writers, editors, managers, has enjoyed and benefited from the work Mike has done. He once said he didn't know why he joined the *Gazette*. He does know now.

Mike first came to Guy's in 1971 and then interrupted his medical training to take a degree in Pharmacology. It was at this stage in his career that he came across Clive Handler. Out of this chance meeting of great minds a fine editorial team was born. Mike started as News Editor for the *Gazette* in 1974 and became Assistant Editor in 1976. When he came to the editorial chair in October, 1976, he brought with him a wealth of experience gained over the previous years and a lightness of touch and a bright sense of humour that was all his own. The *Gazette* benefited greatly from these assets.

If Mike's initials seem familiar, you are quite right. Michael Bourne *was* Magnus Bore, a name that was perfect for him, if only for its total incongruity. You could never accuse Mike of boring! For Bore alone we owe Mike our thanks, for Magnus became a Guy's institution—to be laughed at, cried with and, in the final analysis, loved.

But Mike's contribution to the *Gazette* went much further than reporting Mr. Bore's momentous remarks. As Editor, he was invariably calm, good-humoured, patient and confident. Whatever the problem, Mike never wavered in his belief — a belief that amounted to an absolute knowledge — not only that the show *must* go on, but that it undoubtedly *would* go on. When the editorial work reached its peak each month, his phrenetic junior staff could relax immediately the Boss strolled into the office. A few words of wisdom, a few strokes of his favourite bilious green pen and out of the chaos arose the month's *Gazette*, ordered, whole and beautiful, like Venus emerging from the deep. In fact, in spite of his predilection for pea-green ink, Mike is something of an artist, though his masterpieces (usually drawn all over our proofs and sometimes incorporated into them) perhaps make him more akin to Giles than to Botticelli.

Mike's student days are over and so he has retired from the *Gazette*. Already qualified M.R.C.S., L.R.C.P., he is soon to sit his University Finals. We wish him the very best of luck. Not that he should need luck. Mike won't change because he has left studenting and editing behind. The gay humour and undoubted ability that made the Boss an editor to admire, will always be with him. Patients relax—your future care is in good hands.

S.A.A.

THE REGIONAL APPOINTMENT

LETTER FROM PEMBURY

Richard Henderson

This month we print the first of a series of articles by students describing their experiences on the Regional Appointment. In future, all students will have the opportunity to be on such an attachment in their second clinical year and may find this series useful in helping them choose between the different hospitals.

The curriculum at Guy's increasingly encourages students to spend time "out in the Styx", at Hospitals both in the Group and further afield. The second clinical year consists of five ten-week appointments, one of which is the "regional appointment". This seems to have developed from the obstetric sector appointment, and consists of six weeks of obstetrics, some G.P. work and medicine or surgery added to taste for a group of four students.

The five hospitals which take Guy's students are Brighton, Pembury, Dartford, Greenwich and Farnborouugh. Stephanie Amiel, our new editor, was at Brighton whereas I chose Pembury. Two good spots to be during the summer months!

Guy's is overrun by students and doctors with comparatively few patients. The result is that we see relatively little clinical material and are able to do few procedures of interest as the housemen have had so little chance to do them themselves. By contrast, in the country, students are a novelty and patients plentiful. Our help is therefore welcome and we may try our hand at many manoeuvres usually restricted to housemen at Guy's.

The major part of the appointment is devoted to obstetrics, and it is then that we are expected to conduct most of our deliveries. As it turned out, I hit a bad patch at Pembury as deliveries were slack and the pupil midwives needed them for imminent exams. As a result I got only three deliveries compared to the seven I had chalked up at Guy's.

Gynaecology presented a rather rosier picture. There were two or three lists every week where we were encouraged to assist, and indeed for the simpler procedures *we* did the operating. Most of us managed to do a few D. and C.s and to see at close quarters laparoscopic procedures for sterilisation or for investigation of infertility.

The operating theatre is a good forum for friendly banter and on one occasion we were told of an obstetric congress in Glasgow which was to be attended by two dozen consultants from more southerly parts. These distinguished men were to arrive by aeroplane and be met at the airport by the local medical dignitaries. Apparently the airport was fogbound and the aircraft had to circle for some time, eventually to be guided to a safe landing by the gleam in the eyes of the Senior Registrars present who hoped for sudden promotion prospects, with twenty-four consultant posts tragically made vacant!

The other main feature of the appointment is the general practice teaching. At Pembury this consisted of a day release each week to a local G.P. with the option of a further week spent entirely in general practice. I think this is by far the most useful part of the regional appointment, as it gives a glimpse of what medicine is like in the community. This is particu-

larly important when we remember that half of us will sooner or later become G.P.s. The G.P. I was attached to belonged to a two-man practice which shared a health centre with another two-man practice. In addition there was a G.P. trainee, a practice nurse, an attached district nurse and administrative staff. This is perhaps not typical of most practices in the country today although the old "one man band" is becoming less common.

Included on the list of my G.P. were the residents of a nearby Cheshire Home. This was fascinating from both a clinical and social point of view. Here tragically disabled young adults live in the nearest to a normal existence which is possible, yet with constant nursing cover. I was introduced to one of the patients, whose hand I shook. He could not let go, and of course had dystrophia myotonica! It only goes to prove that textbook symptoms *do* occur. Other patients in the home had such conditions as Friedrich's ataxia, muscular dystrophy, multiple sclerosis and cerebral palsy.

It is eye-opening to see the interaction of patients with "their own" doctor in general practice. It rapidly becomes apparent that G.P.s do *not* act as a sorting agency assigning their patients to one consultant or another. Very few of those seeking consultation were referred to hospital, and some conditions which in London one might expect to be admitted, were looked after capably by the G.P. at home. When you think of it, hospitals are frightening enough to be in if you are well—how much more distressing it must be to be in a strange place when ill.

General practice is a useful introduction to psychiatry as so many of the patients have psychiatric problems, and the G.P. is usually the first to spot them. I had the good fortune to be attached to a G.P. who is also a Clinical Assistant in Psychiatry, and so perhaps received extra tuition on this score. In particular I was introduced to the writings of Richard Asher and Michael Balint. Balint's book *The Doctor, his Patient and the Illness* is the G.P.'s oracle, and though heavy-going in places has proved useful subsequently during the psychiatry firm, which conveniently follows the regional appointments.

The remainder of our time at Pembury was divided between the hospital specialties of our choice and in my case included the chance to do a two-week locum in general medicine. This was my first locum and was to some extent a baptism of fire since two of the three consultants were on leave at the time, as was the S.H.O. However I received much support from the other housemen. To misquote Doctor Johnson—"When a man knows he is to see a patient in casualty, it concentrates his mind wonderfully".

On the social side, Pembury offers an outdoor swimming pool, tennis court and squash court. The Doctors' mess has the usual liquid refreshments and provided the venue for the successful "farewell and thank you" party which we gave for the staff shortly before we left. We were joined as hosts by students from St. Thomas's Hospital who also do obstetrics at Pembury. Memories were revived of the United Borough Hospitals. Unlike our nineteeenth century predecessors we did not come to blows and managed in fact to become good friends. From even further afield we were joined by two students from Dundee University, spending their elective in the wild Weald of Kent.

In conclusion, the regional appointment provided a chance to leave London and be in the country for the long hot summer and, perhaps more importantly, to see at first hand real medicine as it is practised.

PHYSIOTHERAPY

BRANCHING OUT

Changing work-patterns in the wards and in the physiotherapy departments of the district hospitals necessitate periodic re-thinking of the optimum utilisation of resources or grading of posts. Two recent examples of this are the establishment of senior posts to take care of the chest beds at New Cross and of the hydrotherapy/gymnasium unit at Guy's, and a third is the decision to convert one of the senior jobs at Guy's into one extending into the community.

For this last post, we have joining the Staff in September a senior physiotherapist, who is presently involved with domiciliary work in the paediatric field. At first, she will spend some time familiarising herself with Guy's, New Cross and St. Olave's and getting to know her professional colleagues. Then she will make a series of visits to day-centres and health clinics in the District in order to establish contacts and to assess the needs for physiotherapy outside the hospital confines.

It could turn out to be the case that there is only a minor need for physiotherapists to go out into the community and that the District is well enough served by the existing arrangements. Indeed, it is not proposed that this should become a domiciliary treatment service which might be difficult to justify on a cost-effectiveness basis. Rather, it is seen at present as an advisory system whereby patients and their relatives can be helped to adjust to disabilities which might otherwise lead to admissions to hospital or attendance at out-patient departments.

No doubt, too, it could be used to follow up patients discharged from the hospitals and help them to develop their independence, and it could uncover physical problems now coped with rather less than satisfactorily in the patient's home.

The point is that we do not really know what the demand is, or, for that matter, whether we can meet it if it is there. In many parts of the country, pilot schemes similar to our own are under way but it is probably true that each District will throw up its own peculiar needs and we cannot plan realistically for our own population until these have been determined.

The physiotherapist will remain based at Guy's and will, at least in the first instance, have some clinical responsibility here, but the proportion of her time spent in the hospital will ultimately depend on what her outside investigations reveal. We hope that not only hospital consultants but also community physicians and general practitioners will obtain some benefits for their patients as the system develops and that the project will be ongoing. But at the beginning it is seen as an exploration of requirements to enable us to make a reasoned judgement at the end of a trial period.

Meanwhile, the department remains "open" to direct GP referral of patients requiring physiotherapy and it might appear that a combination of these two systems should provide an effective service both for the type of advice and treatment that we can provide.

R. G. Cooper.

NURSING

THE CLINICAL ROLE OF THE NURSE

As the result of a directive from the Department of Health and Social Security and the ensuing publicity, the medical profession has during recent weeks begun to consider those duties which it delegates to nurses, for which special teaching may be required. It seems that the legal implications of such practices are now concerning them.

This has created a somewhat unusual situation and has meant that the doctors have had to question themselves about the tasks which they abandon to others.

In the past it has been customary for tasks to be delegated to nurses at such time as the doctors become bored with them or can claim more pressing commitments. There was a time for instance when nurses were not permitted to administer an intramuscular injection, or for that matter record a blood pressure. However, once the novelty of these had ceased the tasks were included in the nurse's brief.

Nowadays nurses find that they are frequently asked to perform procedures for which they have received no formal training, particularly in specialised units. They can, and frequently do, decline the offers of tasks which appear to be totally outside their responsibilities, but there are others which have been accepted as the nurse's role, albeit cautiously by the profession at large.

One of these procedures is the administration of drugs into a vein via an established intravenous line. Nurses have exercised great care in accepting this duty and have imposed far more stringent precautions than would have been demanded by the doctors. In the light of recent events however, the medical profession has decided that it must now take over the responsibility of teaching nurses the correct technique for the safe administration of these drugs. This should prove to be an interesting exercise and one is led to ponder on who will teach and who will learn most. In addition to this some doctors have decided to take the issue a stage further and also teach their nursing colleagues how to calculate and measure the drugs they are giving.

This would appear to be an example of going from the sublime to the ridiculous. Nurses spend many hours during their training learning how to measure drugs. Before acquiring their registration they have successfully to undertake a practical examination to prove their ability to handle drugs safely. Furthermore, any nurse who makes an error when administering drugs is reprimanded. Doctors have none of this, and most nurses discover sooner rather than later that they must teach the doctors the rudiments of drug safety. A drug calculation does not alter according to the route of administration and one can therefore imagine the paradoxical situation of nurse tutors teaching the medical staff in order that they can dispense the information to those same tutors' students. It seems that as with so many things the doctors have gone to extremes.

If the medical profession would simply concentrate on what appears to be the impossible task of writing prescriptions which are both legible and accurate, they would find nurses experiencing far less difficulty with all drug administration!

BOOK REVIEWS

"The Prevention of Complications in Dental Surgery", 2nd Edition, by H. C. Killey and L. W. Kay. Price £4.50. Pp. 175. Published by Churchill Livingstone.

It is to be deeply regretted that the senior author of this book has died recently. This text however is a fitting memorial to a skilled and careful operator. It is aimed at both undergraduate and post graduate students and lists in considerable detail the innumerable mishaps that can befall even the most cautious practitioners. Indeed it could be argued that students might be deterred from following the course leading to their chosen career when they read of all the difficulties that the future may hold.

The text is divided into nine chapters which concern complications during routine dental treatment, oral surgery, anaesthesia, out-patient and in-patient treatment and radiology. There is a particularly interesting chapter on the complex subject of drug therapy and interactions. The text contains many excerpts from the Annual Reports of the Medical Protection Society; these made compelling reading because of the realisation that some of the incidents could have occurred to oneself. It is unfortunate that many of the excerpts do not state the final outcome of the problem and the reader is left to speculate what happened. It is also unfortunate that the authors have ignored the existence of the other two defence organisations in this country. Suitable excerpts from their annual reports would have enhanced the text.

The final chapter on Ethical and Dento-Legal Complications was written by members of the Secretariat of the Medical Protection Society.

The reviewer does not agree with the inference to be drawn from Fig. 31 that a paper tissue is adequate to protect the pharynx from the entry of a roof canal instrument when the patient is in a horizontal position. The counsel should be to use rubber dam if possible, but failing that, a suitable sponge and some means of rapidly retrieving a fallen instrument, such as floss silk tied to the handle.

The book is well presented with a clear typeface and written in a pleasing style. It is full of useful information which will be of benefit to both students and practitioners and it deserves a prominent place on their book shelves.

A. H. R. ROWE.

"Multiple Choice Questions in the Anatomical Sciences for Students of Dentistry", by B. K. B. Berkovitz and B. Y. Moxham. Price £2.50. Published by Wright, Bristol.

Multiple Choice Questions can be used either as a learning aid; a matter of student taste over which staff have no control, or as a method of examining; a matter of staff taste over which students have as yet little control. This M.C.Q. book fulfils a student need, if not a taste, because, passing from the general to the particular, M.C.Q. examinations in London University have been increasing at the rate of 30% annually, largely in the medical and dental fields; because both general and dental anatomy are examined by M.C.Q. at Guy's; and because those students who have practised M.C.Q. perform better than those who have not.

The book contains 400 items each consisting of five discrete questions linked only by a common heading. For example one heading is "The common carotid". This is followed by five questions such as "It develops from the third aortic arch", and "It is crossed by the lingual and facial veins", each of which is to be answered "yes" or "no". Another is "Mature enamel matrix", followed by five questions such as "It is composed entirely of protein" and "It is evenly distributed throughout the enamel". At the back of the book is a crib sheet which can be folded out. The questions are arranged according to subject matter which can be found by reference to an index at the front.

Although it is a mighty tedious undertaking to write 2,000 questions (400 x 5), it seems fair to criticise the authors for lack of originality. The overwhelming majority of their questions demand no understanding of the subject, merely memory: but perhaps it is their intention to stimulate learning by testing memory.

J. OSBORN.

CORRESPONDENCE

Aphorisms

Madam,

We may as well keep the ball rolling. I am grateful to Mr. Lane-Roberts for reminding me of the drinking aphorism which had eluded me. However, during the quarter-century when I knew Tubby Layton (at first at Guy's and later in my home) he did attribute the aphorisms to Sir Alfred Fripp—in his usual stentorian voice, which none of his students or associates is likely to forget!

T.B.L. had his detractors, but none doubted that his heart was in the right place. So herewith another aphorism, which he wrote in "The Lancet" in 1948:

"For the doctor there is needed a kindly heart, a gentle touch, the control to keep a confidence, love of children, with the power to make a decision and to accept responsibility."

Yours faithfully,

NORMAN A. PUNT.

1 Conway House,
6 Ormonde Gate, SW3 4CU.

Aphorisms 2

Madam,

I thoroughly enjoyed reading the aphorisms in the June number of the *Gazette*. I was reminded of the one mentioned by the late Sir Arthur Hurst.

In 1932 Sir Thomas Barlow (aged 86) gave the address at the memorial service in the Guy's Hospital Chapel to Sir Charters Symonds who had died at the ripe age of eighty. He was heard to murmur after reading the inscription on the coffin, "Poor fellow! Poor fellow! Cut off in the prime of life. Poor fellow!"

As an old Guy's man myself approaching eighty (next year) I can say that the prime of life has been cut off long ago!

Yours faithfully,

R. D. OWEN.

1 The Mount,
Cardiff Road,
Llandaff, Cardiff.

Aphorisms 3

Madam,

My grandfather, Dr. William Pitt-Payne, qualified at the Westminster Hospital at the turn of the century and was in general practice until the day he died in 1953. He had two sayings which have been handed down through our family and I think they are as relevant now as they must have been then.

(1) A well managed death-bed is a permanent monument to glory.

(2) A badly set fracture is a permanent monument to disgrace.

Yours faithfully,

JAMES PITT-PAYNE.

Beckenham, Kent.

Aphorisms 4

Madam,

Further to the articles and letters under the heading of "Medical Proverbs and Aphorisms", will you dare to publish one of Rudy Thompson's more offensive remarks to a man during a somewhat painful urological examination:

"The trouble with you, Sir, is that when you were circumcised, they threw the wrong bit away!"

Yours faithfully,

L. K. ROBSON.

The Keys,
Herstmonceux,
East Sussex, BN27 4SU.

Editor's note: In answer to your question—"Yes"!

Guy's Directory

Madam,

I am delighted that the subject of the Directory has again been discussed. Whilst I find it deplorable that there are difficulties in republishing in its traditional format, the alternatives you mention are better than nothing.

However, has no one suggested that the old form could be restored, using a subscription or payment in advance method to raise the necessary capital? How about £5 or £10 in advance? Could this idea be canvassed do you think?

The Directory in its old form has been an important reference book on the office shelf of my Practice for thirty years and I would be most reluctant to think that a new edition will never be published.

With all best wishes,

Yours faithfully,

DAVID PLOWMAN,

7 Harcourt House,
19a Cavendish Square,
London, W1M 9AD.

Coronary Conference

Madam,

On Tuesday, 1st November next in the Bloomsbury Centre Hotel this Association is holding a one day Conference on "Current Developments in Coronary Heart Disease" and Professor John Goodwin has kindly agreed to take the Chair. Dr. E. Lawson McDonald will open the morning session with a talk on "Early detection of coronary disease" and Dr. Michael Oliver will give a paper on "Can we prevent a coronary attack".

The afternoon session will open with talks by Dr. H. G. Mather and Dr. Michael Thomas on "Home or hospital care for cardiac infarction?", followed by Dr. G. Howitt discussing "Drug treatment of chronic coronary heart disease".

Copies of the full programme are available from me.

Yours faithfully,
HILDA V. WALSH,
Assistant Director.

The Chest, Heart and Stroke Association,
Tavistock House North,
Tavistock Square,
London, W.C.1.

SPORT

SPORTS COMMENTARY

Here we are again back at Guy's refreshed by another expensive summer holiday. I hope you enjoyed yours as much as I did mine. As there has been no sport at Guy's recently except tired housemen chasing pretty nurses up and down the wards, I thought I'd tell you a little about the sporting scene in Corfu.

I had been in Corfu only twenty-four hours when I realised what the game of cricket means to the Greek. It is the sporting activity of their bravest men. The ground in Corfu is in the main square of the town. The outfield is grass but the wicket is all concrete with holes at either end for stumps. This means that an average bowler can produce bumpers at lethal speeds. After watching them play for half an hour, as the second batsman was carried moaning softly from the pitch, I decided this was not the time or place to demonstrate the Guy's shuffle à la Geoff Boycott.

However, I soon found the sport that excites those easily rousable Greek passions most. They enjoy soccer all the year round and play in a fanatical way not often seen elsewhere. The small town in which we stayed turned out on a Sunday afternoon at five p.m. to watch its best players take on a team of British tourists on a pitch of thistles. I cannot understand how the Greeks could derive any satisfaction from beating such a weird and motley bunch of colonials, but they approached the game with all the seriousness of a Cup Final. The British started at a disadvantage. They had no goalkeeper as the Greeks had slipped ouzo into his lunchtime soda water. Also they insisted that the British should all wear shirts—the temperature was about ninety degrees Fahrenheit.

Greek footballers have more skill than the British and play with less aggression. However, they do have defenders for whom the rules of the game seem to be adapted to suit their brutality. The Corfu "stoppers" were the Gorgan, a popular waiter, and an ex-army paratrooper with his army boots on. These gentlemen play in a way that would frighten Norman Hunter. The forwards nobody got to know as they were changed about often to avoid overheating.

The football was rather dull but one incident seemed to typify the decline of the British Empire. The ageing little British winger suddenly fell over in front of the goalkeeper complaining that he had been savagely attacked. One or two of the British forwards had been primed to make a fuss about this and to plead for a penalty. However, all that happened was that the Greeks all fell about in hysterics as did the rest of the British. "Very funny Engliss", said the referee. The crowd invasion of one was prevented by his mother and the game continued. The unfortunate actor picked himself up and discovered that he had badly grazed himself on a stone. More laughter. The Greeks won easily. I wonder how people still have the nerve to say British soccer is the envy of the world!

J. J. Earnshaw.

We should like to remind our readers that material for direct publication should be sent to the *Gazette* office, 16 St. Thomas Street, London, S.E.1 or via E. Wing.

SAILING

United Hospitals Sailing Club Sponsored Sail

Burnham-on-Crouch to St. Catherine's Dock

(Friday 10th—Monday 13th June)

On a wet windy morning 13 people from different hospitals set out from Burnham-on-Crouch in four Enterprise dinghies and two Squib class keelboats. Battling against the elements, hunger, and tiredness they fought their way out of the River Crouch, bumped and scraped their way across the Foulness and Maplin sands to enter the Thames estuary. You have no idea how bleak that piece of water can look when you are several hours sailing from the warmth and comfort of your destination. As afternoon and early evening dragged on and some of us were racing towards Southend pier it was obvious three Enterprises would not make it to Leigh-on-Sea that night. So one Squib helmsman, pretending to be gallant, turned back to see if these latter craft were O.K. Because of this delay he was forced to look for his mooring in the dark and in the end had to make do with the end of Southend pier. The trains do not run at 1 o'clock in the morning so it was a $1\frac{1}{4}$ mile walk along the longest pier in the world finally to reach terra firma! Meanwhile, back down the river, those three E's had landed on M.O.D. land and the crews were arrested by M.P.s. All ended well and I think the coastguard enjoyed it, but because of confusion over transport, tired crews spent an uncomfortable night in the sailing club at Leigh.

The following morning the fleet mustered and with tug in escort we set off up the Thames. Shocking weather in the morning finally forced two Enterprises to retire. The mauled remains of the other four boats came to rest at St. Catherine's Dock Saturday night. Sailors and others were refreshed by a meal in Guy's before retiring exhausted to bed.

On Sunday the wind had abated and the two Squibs, the only two boats to attempt the return journey, needed the help of the tug to sail down the river. After tasting the hospitality of Leigh-on-Sea and its sailing club, we again slept restlessly only to find a most peculiar phenomenon in the morning. The sun was out! Monday proved to be a most idyllic sailing day though mist made our haphazard navigation from buoy to buoy rather risky. Tying up to our moorings at Burnham, thinking, "Home at last!", we were greeted by a thunderstorm!

Those from Guy's taking part were: Simon Girling, Erling Refsum, Charles Sidebotham, Gerard Woodroof.

All participants would like to thank everyone who sponsored them so generously. The funds so raised will go towards the completion of the United Hospitals' floating clubhouse at Burnham.

Thanks must also go to BP who sponsored the tug which gave such reassurance whilst we were sailing on the Thames!

Guy's Hospital Sailing Club

Brighton–London Cycle Ride

Back in March, a band of keen, but not so fit, people gathered in Brighton for the marathon bicycle ride to London. Despite a number of incidents most of the riders made it by the evening. Their efforts raised in ten days the sum of £80 to go towards buying a new Enterprise class dinghy. Special thanks must go to Karen McLeavy who played hostess in Brighton.

Those intrepid cyclists: Simon Filose, Dick Williams, Tom Mathias, Adam Searle, Bob Bowes, Karen McLeavy, Nicky Backhouse, Amanda Smith, Anne Sugden, Liz Williams.

S. G.

Guy's Weekend at Burnham-on-Crouch

July 9th–10th

This was the second weekend this year that Guy's organised the U.H.S.C. clubhouse at Burnham-on-Crouch. As this facility is still fairly new, this is its first full season in operation, I had better describe it briefly. The clubhouse, "Newark", is a converted steel Thames lighter with a large saloon and galley above and 40 bunks arranged in 10 cabins below. It is moored to the bank just downstream from the Royal Corinthian Yacht Club. "Newark" is open every weekend and I suggest that visitors to the area should go aboard and introduce themselves to the Officer-of-the-Day who may even offer them a sail!

Anyway, back to the weekend. The advance party arrived on Friday evening to find the Commodore, Professor Quilliam, engaged in supper and the barge opened and ready to go! Remarkably soon we found ourselves enjoying the evening air outside The Anchor, one of the many fine houses of pleasure in this little town. The peace of Burnham was shattered later by the arrival of a contingent led by a representative of a very famous S.E. London pigmy tribe, the Wildes.

Next morning we were up bright and early to greet further arrivals from the great Metropolis. People appeared from places as far apart as Paddington, Charterhouse Square, Lambeth Palace Road and Wolfson House all keen and ready to sail. By lunchtime six Enterprises and both Squibs were on the water and, despite one or two minor problems, they continued sailing all day in the unexpectedly beautiful weather. Ravenous "tars" were fed in excellent fashion thanks mainly to Jayne, Sue and the four physios, Liz, Barbara, Sharon and Pat without whom "we couldn't have done".

That evening, amidst wet showered hair and pink noses, the experiences of a fabulous day were yarned in age-old tradition in the smokey homeliness of the White Hart. Despite the "borrowing" of champagne and the conquering of lamp-posts the party enjoyed the "spag.-bol." (I quote) back at the barge. Later still after more liquid refreshment those who wished to sleep were kept awake by traditional pigmy folk-songs and other unrepeatable musical experiences.

Slightly less early on Sunday morning it was decided to embark on an expedition to Paglesham, a village on the Roach, a tributary of the River Crouch. In a perfect breeze and blazing sunshine the fleet arrived one by one, and a packed lunch was enjoyed in the garden of the local hostelry. Most of the boats had a spanking sail back, against the tide down the Roach, and then creamed back up to Burnham. However one helmsman, of uncertain identity (and character?), whilst on a mercy mission to a temporarily dismasted Enterprise, must have damaged his own vessel and began a long battle against incoming water. Finally having to abandon the boat to some friendly locals, the brave crew trekked the miles back over the fields. I hope John, John, and Liz are not too disillusioned with the whole sport.

So it was that at various times later that evening the migration back to dirtier climes began. Though tired and weather-beaten I think it can be said that we all had a marvellous weekend and I hope that more people will want to taste similar experiences in the future.

Thanks again must go to the four Guy's physios who by painting a cabin left their mark on "Newark" for a long time to come; to Jayne Jordan, Sue Bird, Nick McArthy and all who helped to make this such an enjoyable weekend.

S. D. G.

HOSPITAL INFORMATION

BIRTHS

BARBER—To Merrilyn and Neil Barber on 22nd April, 1977 at Kingston General Hospital, Kingston, Ontario, Canada, a son, James Richard Douglas, a brother for Sarah.

DEATHS

BERRY—Dr. E. H. J. Berry of Napier, New Zealand, died on 9th July, 1977.

HAYES—Mr. Esmond Villis Hayes, LDS, RCS, of Herne Bay, Kent, died on 2nd July, 1977.

RIPMAN—Dr. C. H. Ripman, MA, MD, MRCP, died on 8th July, 1977, aged 98 years.

SHERRIS—Dorothy Rudd Sherris (widow of Dr. Cyril Sherris) died on 23rd July, 1977.

CHANGES OF ADDRESS

Dr. Neil and Mrs. Merrilyn Barber, 20 Lakeshore Boulevard, Kingston, Ontario, Canada, K7M 4J6.

Mrs. Jennifer Bentley (née Clarkson), SRN, RMN, 2 Ashdown Way, Grove, Wantage, Oxon., OX12 0AG.

Dr. and Mrs. N. J. Odom, Flat 6, The Royal Infirmary, Infirmary Road, Sheffield, S6 3DA.

PASS LIST

GUY'S HOSPITAL GROUP SCHOOL OF NURSING

STATE FINAL EXAMINATION

July, 1977

Abell, M. B.
Agnew, C.
Aylward, Z. M. T.
Bayliffe, P. A.
Bhugooa, P.
Bott, L.
Brown, S. M.
Carter, P. H.
Collins, B. S.
Cooke, M. M.
Elwood, G. J.
Fenton, C.
Flood, C. J.
Flowers, S. J.
Godliman, N.
Hadshar, N. M.
Hardy, S. A.
Harris, A. L.
Hillman, J. R.
Hornsby, K.
Jarvis, J. M.
Keeble, S. J. H.
Kelleher, J. M.
Lamb, G. C.
Lane, L. J.
Leach, C.
Lemmon, W. J.
Low, O. K.
Low, S. K.
Morgan, L. J.
O'Malley, C. T.
Plumb, J. S.
Poat, A. E.
Praed, E.
Readman, J.
Rivett, S. C.
Rocha, O. M. L.
Rumjannally, S. M. R.
Simpson, L. M.
Sobun, I.
Springate, M. A.
Tugwell, J. A.
Walker, L.
Windebank, S. P.
Yong, Y. S.
Young, N. J. A.

F.R.C.P.

Dr. P. F. Benson

M.R.C.P.

Mr. M. S. Watson

GUY'S HOSPITAL NURSES' LEAGUE
COCKTAIL PARTY

The Cocktail Party will be held on Wednesday, 19th October, 1977, from 18.00 to 20.00 hours in the Robens Suite, Guy's Tower. Tickets are £1.50 each.

Applications for tickets, accompanied by the appropriate remittance and a stamped, addressed envelope, should be sent to :—

The Honorary Secretary,
Guy's Hospital Nurses' League,
c/o Nursing Administration Office,
Guy's Hospital, London, SE1 9RT.

Please make cheques or P.O.s payable to Guy's Hospital Nurses' League.

Applications should arrive not later than 6th October, 1977.

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 12 days before publication. Copy dates for the next 3 months are : 12th September, 17th October, 14th November.

Copy may be sent to us at 16, St. Thomas Street, S.E.1.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (pre-paid, minimum £2.00).

Non-subscribers are charged £2.00 (pre-paid) for all notices other than Death.

GUY'S HOSPITAL GAZETTE

EDITOR — STEPHANIE A. AMIEL
ASSISTANT EDITOR — RICHARD HENDERSON
NEWS EDITORS — A. P. J. PINI, R. DOBSON, S. FENNY & P. RAZZELL
NURSING CORRESPONDENT — Miss P. M. JEFFERIES
PHYSIOTHERAPY CORRESPONDENT — R. J. COOPER
MANAGER — L. PAYNE

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The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

A SPIRIT OF MISADVENTURE

Accidents will happen. An old saying but undeniably true. If it were not we could close our Casualty Departments and many of us could go earlier to bed. Indeed, without accidents an entire industry would collapse and we could probably clear the National Debt. We could abolish our accident centres, use our fire engines for adventure playgrounds—keeping perhaps a few in working order as collectors' items and to combat the occasional arsonist—and more of us could be benefitting from a no-claims bonus. Accident prevention teams could use their grants for research into something useful like the number and nature of meals consumed in a day by the average Briton and accident investigation teams could gainfully employ their time playing tiddly-winks. As you see, an accident-free society would have its problems too!

Yet no one would seriously dispute the validity and essential value of our constant attempts to prevent and reduce the number of accidents that occur. We can of course always argue the direction such attempts take. There is at least one member of staff at Guy's who equates car driving with cigarette smoking in terms of danger to health and bodily well-being, and that's not even taking pollution into account. Against his argument for saving lives, limbs, time, bandages, plaster of Paris and money (not necessarily in that order) by abolishing the private car or, more logically, the private motorist, we martial the basic necessity for individual freedom and the enjoyment of life. Commuters will agree that exclusive use of public transport could be more injurious to mental health than ever private cars could be to physical fitness! The truth is that we accept risk in our daily lives as part of the price for enjoying them. We even regard risk-taking as adventurous and admirable. A society in which no risks were taken would soon stagnate and die. There would be no explora-

tion, no research, no Columbus, no moon shots and no crossing the road to buy bread. No one would ever leave their homes, although home is where most accidents occur anyway. Certainly no balloons would attempt to fly the Atlantic and no teams would conquer Everest. A cabbage doesn't have many accidents, but then who would be a cabbage?

Thus risks are taken and accidents occur. We spend time and money minimising the former to reduce the latter—after all, if you are going to scale the Eiger, you do at least check that your oxygen cylinders work and your pitons will not snap in the cold—but we know we cannot make life entirely safe. We probably even feel that it should not be so, with a suggestion that total security is cloying. Some of our greatest adventurers were moved to the exploits by a sense of boredom, although paradoxically some were motivated by an even deeper sense so rarely admitted even privately —that craving for security and peace that is common to us all.

So we accept accidents as an inevitable part of living. But here as elsewhere we must divide our professional from our private lives. The hospital is a place to which people come for succour after an accident has occurred. This is all the more reason for it *not* to be a place where further accidents may befall.

To say that all accidents are avoidable is perhaps a little harsh. Nevertheless, certainly within a hospital environment, it is the rule by which we should live. The vast majority of accidents are due to carelessness. A moment's inattention and the cook has cut her finger. In a hospital, such a momentary lapse could cost a life. John Bell considered a hospital a dangerous place to be. He was actually thinking of the fatal infections patients so frequently developed there. Times have changed, a little, but still the hospital is a potentially dangerous environment. We have a rapidly increasing armamentarium with which to attack death and disease and so improve the quality and quantity of our patients' lives, but it is in the nature of such weapons that, slightly misused, they can harm instead of cure.

The only way to avoid such problems is by scrupulous attention to detail. We are all taught the correct protocol for procedures as, for example, parenteral drug administration and we should never let familiarity with such routines breed contempt. "Clunk—click every trip"—checking and re-checking at every stage in such situations is the only way to avoid error. And avoid error we must.

Loop-holes are only noticed when something slips through them and the hazards of any given procedure are only gradually realized as they are found. It is said that we only learn from experience. Furthermore, it is true that it is easier to learn from one's own mistakes than from those of other people. But this theory of learning in practical medicine would be disastrous. Other methods of teaching must be found.

We can assume that most people in the professions are scrupulous and genuinely concerned to do their best for their patients. These are therefore precisely the people to take maximum care in avoidance of accident while giving treatment. It is for this reason alone that accidents in hospitals are extraordinarily rare, in spite of the scope available for their happening. But everyone makes mistakes and it is these we should be trying to reduce. Accepting that those involved in patient-care are by definition careful people, we should realise that the best way to help them avoid

making an error is to know that it is there to be made. A person who has made a mistake will be doubly careful to re-check that point when repeating the procedure because he knows it is possible to go wrong there. We have said that we cannot all be permitted to learn only from our own errors. The education of doctors, dentists and nurses should therefore include exposure to the mistakes and accidents that have occurred in the past and therefore can arise again in the future. Forewarned is forearmed—and with the conscientiousness natural to the pupils, the accident rate in hospitals should decline still further.

To err is human—but since when have doctors believed themselves merely that?

"Gazette" Appointment

This month we announce with pleasure the addition of Mr. Philip Razzell, B.Sc., to the editorial team.

Philip, just now embarking on his clinical medical training, is already known to our readers as the author of the Quodlibet Society Reports—indeed, he was instrumental in the founding of that Society. The *Gazette* hopes Mr. Razzell will enjoy directing his undoubted enthusiasm and journalistic ability towards the publication of this journal and we look forward to a long and happy association.

MUSIC CLUB CONCERT REVIEW

A few words from our Music Critic, Dr. Y. H. Abdulla, on the last Music Club Concert

The tenure of Nick Bathurst as a Secretary to the Music Club has now come to an end. His era has been a golden period in Guy's musical activities. The Club's latest concert (May, 1977, see "News in Brief, *Gazette*, July, 1977) was an occasion he should be as proud of as I am privileged to comment on. Peter Shipton conducted the "Thieving Magpie" in a flawless reading, full of drive, but rather lacking in wit. Bathurst gave a lyrical, almost Mozartean reading of Beethoven's Fourth Symphony. The climax of the evening was Jim Hogg playing Mendelssohn's Violin Concerto. His rapport with the conductor (Bathurst) was complete. The sweet tone flowed without a trace of strain. He obviously enjoyed the playing as much as we did. A critic is supposed to moan, and here is my groan: not enough violas in the orchestra!

Joe Abdulla.

NEWS IN BRIEF

F.R.C.O.G. Award

Congratulations to Marcus Feyi-Waboso, who was elected to the F.R.C.O.G. in June.

Prize Winners

Golding-Bird Medal and Prize in Bacteriology, 1977—Miss S. A. Amiel.

Confined War Memorial Clinical Dental Scholarships, 1977—
R. D. Browne, Miss J. Olding.

Pre-Clinical Year (Dental) Physiology Prize, 1977—Miss J. A. Lewis.

Pre-Clinical Year (Dental) Biochemistry Prize, 1977—
Miss M. D. MacEvoy.

Pre-Clinical Year (Dental) General Anatomy Prize, 1977—
S. N. Robinson.

Pre-Clinical Year (Dental) Special Anatomy Prize, 1977—
R. G. Robertson.

Jubilee Medals

Our heartiest congratulations to Sister Nora Relihan, Mr. Len Beaney—well known to all Guy's students for his work in the Pathology Department post mortem room, Mr. E. McCormick of the Catering Department and Mr. E. R. Kendall of Accounts, each of whom received a Silver Jubilee Medal in recognition of the years of service they have contributed to the Hospital.

Music Club

The Christmas concert will be held on Wednesday, 7th December, in Southwark Cathedral. It is hoped to perform Bach's Christmas Oratorio, and anyone who would like to sing or play in the orchestra is very welcome to come to the first rehearsal on Monday, 10th October, in the Ballroom, East Wing, at 5.30 p.m.

We shall also be sending our usual contingent to sing in the United Hospitals' Carol Concerts in aid of the Malcolm Sargent Cancer Fund for Children. There are two concerts this year, one in the Festival Hall on Monday, 12th December, and one in the Albert Hall on Wednesday, 21st December. Unfortunately female places are severely restricted this year, but we are always short of tenors and basses; any men who would like to sing should contact the Club Secretary via the East Wing before 5th October. Tickets are available from the respective box offices one month before the concert—but hurry, they sell very fast!

Any Questions?

The popular Radio 4 panel programme *Any Questions?* is coming to Guy's on Friday, December 9th. This event is part of the Quodlibet Society's winter programme, and further details will be available next month.

New Academic Year

The winter term for the Medical and Dental School begins on 3rd October, 1977. Another influx of new faces to be welcomed to the fold that day!

Dr. S. J. Challacombe

We should like to offer our heartiest congratulations to Dr. S. J. Challacombe of the Department of Oral Immunology and Microbiology who has been named as a Colgate prizewinner for 1977.

Dates from the Medical Diary

Wednesday 12th October
Entries close for Final M.B. (Cambridge) examinations.

Friday, 21st October
Schedules for Final Conjoint examination should reach the Medical School office. (Entries close 21st November; the examination begins 19th December.)

Monday, 31st October
Entries close for M.B., B.S. (Revised Regulation) examination.

Richard Ellis Prize, 1977

Paediatric Projects to be considered for this prize should be submitted to the Medical School office by Monday, 31st October.

Dates from the Dental Diary

Monday, 3rd October
Applications for the Second B.D.S. examination (obtainable from the Medical School Office) must be left in the Medical School Office not later than this date.

Friday, 7th October
Applications close for the Third B.D.S. examination Parts I, II, III, IV and V.

Monday, 10th October
Entries close for the Prize in General Subjects examination.

Monday, 17th October
Prize examination in Children's Dentistry, including Orthodontics begins.

Monday, 24th October
First L.D.S. examination begins.

Monday, 31st October
Applications close for Second B.D.S. examination.
Prize examination in General Subjects begins.

Monday, 7th November
Applications for the Final L.D.S. examination, Parts I and III (obtainable from Medical School office) must be left in the Medical School Office not later than this date.

George Inn

Present and former Guy's men will be pleased to hear that the George Inn has re-opened after extensive interior renovations.

The George, in the Borough High Street behind the old Dental School, has for long been a haunt both of tourists and Guy's people, and is in the care of the National Trust.

Ward Wedding

Mr. Henry Sewell, aged 73, a patient of Professor Clark on Fleming Ward at New Cross, was married on September 7th while on the ward.

Is this the first wedding of a patient on a ward? Perhaps some of our readers know of other occasions in the past.

CLUBS' UNION NEWS

"Another year over, and not a penny richer", well . . . Grants have gone up, but so has the cost of living. But I digress! October 3rd sees the start of the new academic year and with it comes the arrival of the medical and dental professions' new blood to the School. Yes, Freshers' Week is upon us again!

Freshers' Week is a very important time for any new student, as impressions formed during this time often last for the duration of one's course; it is the time when new students find their feet and prepare themselves for the coming fray. The Clubs' Union traditionally tries to make the first week of the year a memorable one, so that Freshers may settle down quickly. I hope that everyone around the Hospital will welcome all the new students, and will offer them any help that they require.

The Union's programme of social activities for Freshers' Week is as follows :

MONDAY 5.00 p.m.

Freshers' Fair, Ballroom. 8.00 p.m. Disco, Ballroom.

TUESDAY 5.30 p.m.

Nat West Cheese and Wine Party, Ballroom (invitation only).

WEDNESDAY 7.30 p.m.

Disco and Barbeque, Honor Oak Park.

THURSDAY 7.30 p.m.

Film: *Psycho,* Physiology Theatre.

FRIDAY 8.00 p.m.

Theatre Club Revue and Disco, Ballroom.

SATURDAY 8.00 p.m.

Freshers' Hop. "The Mechanical Horsetrough" plus Disco, Ballroom.

I hope that everyone will take part in these activities, and that a "good time will be had by all".

Hardly a term goes by without the catering situation coming up for discussion. As I mentioned a couple of months ago, the Student catering representatives have been meeting to discuss the problem, and to make suggestions to Miss Redsull, Mr. Bompas, and the School Catering Committee. We are planning to have a questionnaire on catering in mid-October, to use as a basis for our future negotiations. With any survey of this kind, we almost expect a number of comical replies, etc. However, I hope that you will all take part in this survey and that you will give some thought to your replies.

The questionnaire is just a start. I hope that in future you will make use of the suggestion boxes (yes, they do exist!), and will bring your suggestions and criticisms to your representatives. These are Tim Watson, Tim Palmer, Moira Griffiths, and myself. We will, of course, keep you informed of any developments.

In the past, very few students have been coming forward with problems and questions with which the Union may be able to help. This is not due to the fact that no one has problems or doesn't want to know about (say) grants or insurance policies. Over the couple of months we have amassed

a considerable amount of information on all sorts of subjects, from travel information to welfare problems such as tenant's rights, etc. For a trial period the Union Office will be open every Tuesday and Thursday lunch-time; I hope that you will come along and use this service and to bring any suggestions and criticisms along to us. If this is successful, we will be looking at ways of extending this service. Your views on this would be most welcome.

Francis Hughes.

NOTICES

GUY'S HOSPITAL CLUBS' UNION SNOWFLAKE BALL

This will be held on Saturday, 10th December. Anyone interested in helping with decorations or catering please contact Dave Denning or Francis Hughes.

INTERVUE

United Hospitals' Revue Club

INTERVUE is a new London University Club formed with the intention of producing an annual revue drawing on talent primarily from all the London University Teaching Hospitals.

The first production, "A Poke in the Isles", is to be held in the Greenwood Theatre at Guy's Hospital. There will be seven performances in all, on the following dates :—

Tuesday, 4th October, at 8.00 p.m.
Wednesday, 5th October, at 8.00 p.m.
Thursday, 6th October, at 8.00 p.m.
Friday, 7th October, at 7.00 p.m. and at 9.30 p.m.
Saturday, 8th October, at 7.00 p.m. and at 9.30 p.m.

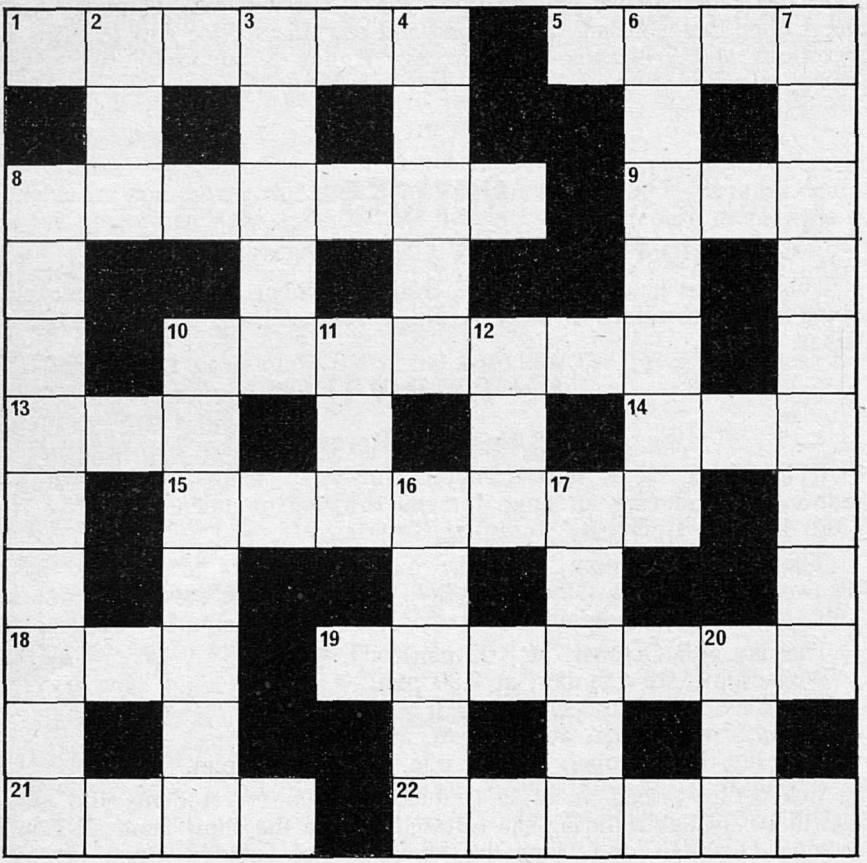
The tickets are priced at £1.30 (reduced to 90p for students and nurses) and will be available during the fortnight before the show from all London Teaching Hospitals and from the University of London Union at Malet Street.

A great deal of interest has already been shown in the Club. Jonathan Miller, M.B., B.Chir., has kindly agreed to be an honorary member and the senior representative from Guy's is Professor J. S. Cameron, M.D., B.Sc., F.R.C.P. The show has been scripted by Andy Hamilton and Paul Leigh, both of whom are comedy writers for the B.B.C., with additional material from members of the cast.

We have been fortunate enough to be able to produce the show in the Greenwood, which gives a great opportunity for the involvement of Guy's students, who, with their experience of the Theatre, will be in charge of all the technical and behind-stage work. In addition, three members of the cast are from Guy's.

Additional information about the show can be obtained from the Guy's representatives, Jonathan Wilde and Michael Humphries. It is hoped that all Guy's men and women, past and present, will want to support the show. Tickets can be obtained in advance by writing to John Duckworth, c/o East Wing, Guy's Hospital Medical School. Please make cheques payable to "INTERVUE".

THE GAZETTE CROSSWORD



ACROSS

1. A hairy, strawberry treat for dermatologists? (6)
5. The second team competed for regularity. (4)
8. Ape—one places it in mate. (7)
9. He checks run-down animals. (3)
10. One hundred raced to be top fifty at the head of the rest. (7)
13. This could come as a shock to one swimming unawares. (3)
14. Adam's beaten at chess? (3)
15. Animals accustomed to travel on comfortable linings. (7)
18. In which the guru follows the road to heaven. (3)
19. A try at seduction is not approved of. (7)
21. "He said, 'I hunt for haddocks' — Among the heather bright'." (Alice through the Looking-Glass) (4)
22. It is stimulated by light news concerning a girl. (6)

DOWN

2. First class monument initially for a target. (3)
3. Operation may avert damage to this flask. (5)
4. "O Lord Sir, when a heroine goes mad, she always goes into white —". Sheridan—The Critic, III, I. (5)
6. Evil ESR evokes feelings of disgust. (6)
7. Could be nothing or a double. (3, 3, 3)
8. True nodic tangle to bring to the notice of strangers. (9)
10. A natural disaster to avoid on cycle outside. (7)
11. A Scottish tune . . . (3)
12. . . . sounds full of anger. (3)

16 and 20. Would he ever be a geriatric paediatric? (5, 3)

17. Doctors like to do this but patients do not always enjoy it. (5)
20. See 16.

DENNIS HYAMS, F.R.C.P.

To his friends, colleagues and patients the recent resignation from the Consultant Staff at Guy's of Dennis Hyams will have come as a sad blow.

In the seven years that he had occupied the post of Consultant Physician in General and Geriatric Medicine he fought against seemingly insuperable odds to improve the quality of care of the elderly sick in the Guy's Group of Hospitals and the surrounding community.

Dennis qualified in medicine at the London Hospital in 1954 after a brilliant student career that pulled in most of the undergraduate prizes. After getting the plum house jobs at the London, he spent his National Service in the Royal Air Force. He continued his postgraduate training at University College Hospital where he became registrar in Geriatric Medicine to Lord Amulree. He then completed his medical training as senior registrar in General Medicine at Addenbrooke's Hospital, Cambridge. He was appointed consultant geriatrician at Cambridge, a post which he held for several years until the Guy's post became vacant. The department he inherited at New Cross (like the hospital that housed it) was at that time suffering from years of financial under-investment. His plans for the regeneration of New Cross Hospital (which were sometimes misinterpreted by certain of his colleagues as empire building) have completely transformed that hospital as any visitor can witness. The creation of a Day Hospital with its own rehabilitational facilities, and art therapy room, a two-story link block for providing recreational facilities for ward patients, the installation of a lift and connecting walk way to give access to the first floor wards, are all achievements that stem from his industry. The recently up-graded geriatric wards (Nascher Ward for example) are the most congenial to be found at Guy's, the Tower included. His most ambitious goal which is nearing realisation was to create a focus of geriatric medicine on the Guy's site. A 24-bedded unit is shortly to be opened in New Guy's House, which will provide instruction in geriatric medicine for those medical students whose curriculum does not include an attachment to the New Cross Firm.

Yet it is in the community that Dennis Hyams will be most sorely missed. His excellent liaison with general practitioners and community nurses help to cement that solid link between hospital and community that is so essential for the care of the elderly.

There is another facet of Dennis Hyams' activities that will be long remembered, namely his music. As an accomplished composer and pianist, he regularly organised and performed in concerts and recitals that gave pleasure to many.

We wish him well in his new life in the United States.

OBITUARY

HUBERT ARNOLD PALLANT

It is with great regret that we have to announce the recent death of Mr. Hubert A. Pallant. He was 97.

Mr. Pallant died on the 6th September at the home of his son-in-law and daughter, Wing Commander and Mrs. Blockey, to which he had recently moved. Mr. Pallant, having registered at Guy's in 1901 for the combined medical and dental course, qualified in May 1904, obtaining his L.D.S. In July 1906 he gained his M.R.C.S., L.R.C.P. His first practice was in Maidenhead after which he moved to Harley Street and finally 61 Wimpole Street, retiring from the latter in 1959. Mr. Pallant was also a founder member of the London Clinic in 1927. Hubert Pallant, during active service with the Guards in the first world war, was awarded the D.S.O. and the Military Cross.

We extend our deepest sympathies to his family.

THE GORDON MUSEUM AUDIO-VISUAL SECTION

Brendan Hicks

This complete list of programmes is being publicised for the benefit of:

(a) Students, who may not realise the range of material available;
(b) Junior staff, who will find many of these programmes valuable for their own learning;
(c) Those who teach, who may find material which complements their courses and to which students might be directed. Some teachers may not be aware of the enormous classified slide collection from which slides are available on loan. Mr. Dawes, the chief technician, will be happy to advise prospective users.

The ICI Series on Cardiac Auscultation is an example of programmes whose users will range from absolute beginners to post-graduates such as cardiac registrars. Each of the eighteen "units" in this series is made up of a book, a videocartridge, a sound cassette and a set of slides, each "unit" relating to one structural heart lesion. Programmes like this can be stimulating either as vehicles for individual learning or as the basis for small group discussions, tutorials, etc.

Viewing arrangements

These programmes are available from the Curator's office for use bewteen 9.00 a.m. and 5.00 p.m. (occasionally later, by special arrangement), Monday to Friday.

VIDEO-CARTRIDGES

ICI Series on Auscultation

ICI–1 Auscultation and the normal heart
ICI–2 Pure mitral stenosis
ICI–3 Pure mitral regurgitation
ICI–4 Mitral stenosis and regurgitation
ICI–5 Pure aortic stenosis
ICI–6 Pure aortic regurgitation
ICI–7 Aortic stenosis and regurgitation
ICI–8 Tricuspid valve disease
ICI–9 Atrial septal defect
ICI–10 Ventricular septal defect
ICI–11 Persistent ductus arteriosus
ICI–12 Pulmonary valve stenosis
ICI–13 Fallot's tetralogy
ICI–14 Coarctation of the aorta
ICI–15 Supravalvular aortic stenosis
ICI–16 Subvalvular aortic stenosis
ICI–17 Idiopathic hypertrophic sub-aortic stenosis
ICI–18 Transposition of the great arteries

General Series

V–1 Examination of the Cardiovascular system 29 mins
V–2 Examination of the respiratory system 19 mins
V–3 Examination of the abdomen 30 mins
V–4 Examination of the cranial nerves 30 mins

V–5 Examination of motor and sensory nerves 52 mins
V–6 Aetiology of multiple sclerosis 31 mins
V–7 The Hidden Threat (slow viruses) 28 mins
V–8 Asthma, assessing the sevirity and monitoring recovery 30 mins
V–10 Disorders of language 32 mins
V–11 Speech disorders in adults
V–12 Gait 34 mins
V–13 Congenital dislocation of the hip 41 mins
V–14 Gastrointestinal history taking in childhood 1–22 mins
Pre-operative assessment for anaesthesia 28–43 mins
V–15 Aetiology of Graves disease 23 mins
V–16 Heart disease in pregnancy 22 mins
V–17 Intrauterine growth retardation 30 mins
V–18 Antepartum haemorrhage 25 mins
V–19 Multiple pregnancy 21 mins
V–20 Pre-eclampsia 29 mins
V–21 Postpartum haemorrhage 23 mins

TAPE SLIDE PROGRAMMES

Cardiology

A–1 Heart sounds and murmurs (I–IIX) 15 mins x 8
A–2 Venous disorders of the lower limb (Mr. A. R. Calo) 30 mins
A.ICI–1 Auscultation and the normal heart 15 mins
A.ICI–2 Pure mitral stenosis 15 mins
A.ICI–3 Pure mitral regurgitation 11 mins
A.ICI–4 Mitral stenosis and regurgitation 11 mins
A.ICI–5 Pure aortic stenosis 10 mins
A.ICI–6 Pure aortic regurgitation 12 mins
A.ICI–7 Aortic stenosis and regurgitation 11 mins
A.ICI–8 Tricuspid valve disease 10 mins
A.ICI–9 Atrial septal defect 13 mins
A.ICI–10 Ventricular septal defect 13 mins
A.ICI–11 Persistent ductus arteriosus 12 mins
A.ICI–12 Pulmonary valve stenosis 10 mins
A.ICI–13 Fallot's tetralogy 12 mins
A.ICI–14 Coarctation of the aorta 8 mins
A.ICI–15 Supravalvular aortic stenosis 9 mins
A.ICI–16 Subvalvular aortic stenosis 10 mins
A.ICI–17 Idiopathic hypertrophic sub-aortic stenosis 10 mins
A.ICI–18 Transpotition of the great arteries 8 mins

Respiratory

B–1 How to read a chest film (Dr. L. Kreel) 17 mins
B–2 The large homogeneous or confluent shadow (Dr. L. Kreel) 44 mins
B–3 Hypertransradiancy of the lung (Dr. L. Kreel) 17 mins
B–4 Nodular shadows in the lung fields (Dr. L. Kreel) 26 mins
B–5 Emphysema and chronic bronchitis (Dr. Lane) 34 mins
B–6 Asbestosis (Dr. A. Somner) 18 mins
B–7 Sarcoidosis (Dr. P. Leggat) 17 mins
B–8 Bronchial carcinoma (Dr. B. Stack) 21 mins

Gastroenterology

C–1 Examination of the abdomen (Drs. Wittle & Javett) 22 mins
C–2 Bowel Sounds (Dr. B. Hicks) 22 mins
C–3 Cirrhosis—part I (C. Holdsworth) 15 mins
C–4 Cirrhosis—part II (C. Holdsworth) 15 mins
C–5 Acute abdomen—part I—inflammation (Mr. A. Smith) 15 mins
C–6 Acute abdomen—part II—obstruction (Mr. A. Smith) 15 mins
C–7 Acute abdomen—part III—perforation (Mr. A. Smith) 17 mins
C–8 Gall stones (Mr. R. Irving) 29 mins
C–9 Cancer of colon & rectum (Mr. A. Smith) 17 mins
C–10 Peptic ulcer

Rheumatology

D–1 Radiology of joint disease (Dr. R. Hacking) 18 mins

Genitourinary Medicine

E–1 Urinary calculi (Mr. Kinder) 18 mins
E–2 Sexually transmitted diseases today (Dr. Oriel) 20 mins
E–3 Gonorrhoea (Dr. Oriel) 21 mins
E–4 Non-gonococcal urethritis (Dr. Oriel) 22 mins
E–5 Infective vaginal discharge (Dr. Oriel) 20 mins
E–6 Homosexuality and its problems (Dr. Oriel) 20 mins

Nephrology

F–1 Acute renal failure (I–IV) (Prof. Cameron) 20 mins x 4
F–2 Renal immunology (Dr. K. Peters) 48 mins
F–3 Cysts and tumours of the kidney (Mr. Williamson) 28 mins

Immunology

G–1 Immune deficiency states (Prof. Lessof) 20 mins
G–2 Henoch-Schonlein purpura (Dr. R. Jackson) 13 mins

Endocrinology

H–1 Introduction to endocrinology (Dr. J. Hadden) 18 mins
H–2 Hyperthyroidism (Prof. R. Hall) 20 mins
H–3 Acromegaly—a clinical approach (Prof. R. Hall) 38 mins
H–4 Introduction to diabetes mellitus (Dr. J. Hadden) 35 mins
H–5 Pituitary releasing hormones (Prof. M. Besser) 45 mins
H–6 Gut endocrinology (Dr. S. R. Bloom) 40 mins
H–7 Potassium deficiency (Prof. R. Cohen) 18 mins

Haematology

I–1 Polycythaemia rubra vera (Dr. J. S. Malpas) 12 mins
I–2 Treatment of acute leukaemia (Prof. Hamilton Fairley) 26 mins
I–3 Treatment of Hodgkin's disease in 1974 (Prof. Hamilton Fairley) 25 mins

Ophthalmology

J–1 Examination of the eye (Dr. M. Bedford) 20 mins
J–2 The red eye (Dr. M. Bedford) 26 mins
J–3 "I can't see very well" (Dr. M. Bedford) 23 mins

Dunhill Dermatology Section

K–1 Lichen Planus (Dr. E. Cronin) 35 mins
K–2 Scabies (Dr. E. Cronin) 30 mins
K–3 Generalised pustular psoriasis (Dr. T. Ryan) 28 mins
K–4 Skin diseases and the eye (Dr. J. Gilkes) 18 mins
K–5 Dermatitis herpetiformis (Dr. T. Ryan) 20 mins
K–6 Acne vulgaris (Dr. R. Marks) 27 mins
K–7 Rosacea (Dr. R. Marks) 28 mins
K–8 Pityriasis rosea (Dr. E. Cronin) 24 mins
K–9 Pigmented naevi (Dr. H. Baker) 32 mins
K–10 Bacteria pathogenic on human skin (Dr. W. Noble) 23 mins
K–11 Skin tumours (Mr. Lawrie) 19 mins
K–12 Psoriasis—some clinical aspects (Dr. J. Delaney) 20 mins
K–13 Quiz—questions (Dr. B. Leppard) 10 mins
K–14 Quiz—answers (Dr. B. Leppard) 22 mins
K–15 Statistics (Dr. W. Noble) 22 mins
K–16 Cutaneous leishmaniasis (Dr. W Griffiths) 20 mins
K–17 Congenital abnormalities of the nails (Dr. P. Samman) 15 mins
K–18 Cysts of the skin (Dr. B. Leppard) 15 mins
K–19 Immunofluorescence of the skin (Dr. A. Knight) 12 mins
K–20 Drug rashes (Dr. A. Knight) 18 mins
K–21 Bacterial infections of the skin (Dr. L. Millard) 23 mins
K–22 Gardeners syndrome (Dr. B. Leppard) 20 mins
K–23 Cutaneous manifestations of diabetes (Dr. W. Barker) 18 mins

K–24 Common viral infections of the skin (Dr. L. Millard) 20 mins
K–25 Psoriasis (Dr. J. Delaney) 29 mins
K–26 Epidermal tumours (Dr. J. Delaney) 40 mins

Genetics

L–1 Genetic disease—part I (Prof. C. Havard) 19 mins
L–2 Genetic disease—part II (Prof. C. Havard) 18 mins
L–3 Principles of genetic counselling for dermatologists (Dr. Wells) 18 mins
L–4 Epidemiological techniques (Dr. W. Noble) 15 mins

Gynaecology and Obstetrics

M–1 Total abdominal hysterectomy (Mr. T. Coltart) 12 mins
M–2 Irritation of the vulva (Mr. C. Hudson) 19 mins
M–3 Fibroids (Mr. A. Letchworth) 17 mins
M–4 Rhesus incompatibility (Prof. Fairweather) 25 mins
M–5 Multiple pregnancy—part II (Mr. C. Hudson) 13 mins
M–6 Breech delivery (Mr. C. Hudson) 25 mins
M–7 Postpartum haemorrhage—part I (Dr. Bonnar) 14 mins
M–8 Postpartum haemorrhage—part II (Dr. Bonnar) 13 mins
M–9 Antepartum haemorrhage (Dr. Bonnar)
M–10 Intersexual disorders (Prof. Dewhurst) 40 mins

Neurology

N–1 Diagnosis of peripheral nerve lesions (USPHS) 20 mins
N–2 Ulnar nerve lesions (Mr. N. Barton) 51 mins
N–2 cnt. Ulnar nerve lesions (slides)
N–3 Subarachnoid haemorrhage (Mr. Maurice-Williams) 17 mins

Trauma, Burns and Emergencies

O–1 Vascular injuries (Mr. J. Lumley) 19 mins
O–2 Blunt abdominal injuries (Mr. A. Calo) 27 mins
O–3 Head injuries (Mr. J. Lumley) 23 mins
O–4 Burns
O–5 Medical radiological emergencies
O–6 Skin suture (Dr. Latimer-Sayer)
O–7 Suturing
O–8 Tracheostomy (Dr. G. Parbrook) 26 mins
O–9 Shock (Mr. R. Irving) 25 mins

Pathology

P–1 Role of pathology, materials and methods Chapter 2, Lesson 1 & 2
P–2 Role of pathology, materials and methods Ch. 2 Lesson 3
P–3 Man, environment and disease Ch. 3 Lesson 1 & 2
P–4 Man, environment and disease Ch. 3 Lesson 3
P–5 Modification of effects of external environment at body surfaces Ch. 4 Lesson 1 & 2
P–6 Cell homeostasis Ch. 5 Lesson 1 & 2
P–7 Cell homeostasis Ch. 5 Lesson 3
P–8 Tissue homeostasis Ch. 6 Lesson 1 & 2
P–9 Organ, body & community homeostasis Ch. 7 Lesson 1
P–10 Immunity Ch. 8 Lesson 1 & 2
P–11 Immunity Ch. 8 Lesson 3
P–12 Inflammatory response & repair Ch. 9 Lesson 1 & 2
P–13 Inflammatory response & repair Ch. 9 Lesson 3 & 4
P–14 Inflammatory response & repair Ch. 9 Lesson 5
P–15 Neoplasia Ch. 10 Lesson 1 & 2
P–16 Neoplasia Ch. 10 Lesson 3 & 4
P–17 Abnormal accumulations Ch. 11 Lesson 1 & 2
P–18 Infection and infectious diseases Ch. 12 Lesson 1 & 2
P–19 Effects of some physical environmental agents on body homeostasis Ch. 13 Lesson 1 & 2
P–20 Circulatory disturbances Ch. 14 Lesson 1 & 2
P–21 Circulatory disturbances Ch. 14 Lesson 3 & 4
P–22 Developmental abnormalities Ch. 15 Lesson 1 & 2
P–23 Ageing Ch. 16 Lesson 1
P–24 History of pathology Ch. 17 Lesson 1

Safety

S–1 Safety in the Laboratory
S–2 Manual handling in Industry

Miscellaneous

Z–1 Prostaglandins in medicine (Dr. A. Bennett) 35 mins
Z–3 Nature & management of pain in terminal malignant diseases (sound only) (Dr. C. Saunders) 42 mins
Z–4 Mechanism of action of antimicrobial & other cytotoxic drugs—part I (Prof. R. Spector)
Z–5 Mechanism of action of cytotoxic drugs—part II (Prof. R. Spector)
Z–6 Rabies (Dr. D. Warrel) 28 mins
Z–7 Diagnosis of lumps in the neck (Mr. A. Calo) 25 mins

PROGRAMMES AVAILABLE FOR THE CINE-LOOP PROJECTOR

Cine–1 Ichthyosis linearis circumflexa *(Dunhill)*
Cine–2 Mal de Meleda *(Dunhill)*
Cine–3 Subcorneal pustular dermatosis *(Dunhill)*
Cine–4 Early cutaneous leishmaniasis *(Dunhill)*
Cine–5 Late cutaneous leishmaniasis *(Dunhill)*
Cine–6 Demodex folliculorum *(Dunhill)*
Cine–7 Turban tumour *(Dunhill)*
Cine–8 Pellagra and other avitaminoses in the Bantu *(Dunhill)*
Cine–9 Sputum
Cine–10 Soft tissue injuries *(donated by Merck, Sharp and Dohme)*
Cine–11 Diuretic therapy *(donated by Searle)*
Cine–12 Understanding cardiac rhythms *(donated by Searle)*

THE DUNHILL DERMATOLOGY SECTION OF THE GORDON MUSEUM

Facilities are available for:

A. Individual Students

(a) Two individual study units in two corners, each with a table and chair for a single student to write and study. In addition there are good facilities for individual study in the room next door on the ground floor.

(b) Teaching machines of two types are available. Twenty programmes for each type of teaching machine are currently available.

(c) The Towne moulages—carefully stored, and with a planned programme to show all of them over a period of time.

B. For Groups of up to 15 Students

i.e. a typical firm of students at Guy's.

Table and chairs for a tutorial group. Projection facilities for 2in. x 2in. transparencies. Mobile blackboard. Television to show Channel 7—the London University Closed Circuit. Static exhibitions in the demonstration unit, which will be changed weekly.

C. For Larger Groups

There are the same facilities, but these are probably best dealt with in the lecture room, which is also on the ground floor of the Gordon Museum.

THE REGIONAL APPOINTMENT

DOWN IN DARTFORD

Ian Page

Richard Henderson (letter from Pembury, *Gazette*, August 1977) has put the Regional Appointment fairly well into perspective regarding its evolution and function, so I shall deal purely with how the idea worked at Dartford where I spent the first ten weeks of this year.

The Dartford Hospital Group is composed of three main hospitals—(1) Joyce Green, (2) West Hill, (3) Gravesend and a number of small specialist hospitals.

Students are based at Joyce Green, where the excellent facilities provided for us were, and probably still are, a cause of some anger amongst the House Officers. Here we do our medicine, surgery and some gynaecology. West Hill Hospital, at the other side of Dartford but fairly accessible by the hospital bus, is the location for all out-patient departments and for most gynaecology and, with luck, a little obstetrics—assuming you can get past the hordes of pupil midwives. Gravesend Hospital is a twenty-minute drive from Dartford and having a car is very useful, although the Hospital will arrange hire-cars (free of charge) to ensure that you can get there in time to attend ante/post natal clinics, gynae theatres and (its prime function) to deliver babies.

The ten-week spell is divided fairly rigidly into two-week blocks, one in each of medicine, surgery, G.P., gynaecology and obstetrics.

I started just before the new year in surgery and spent most evenings in theatre with the Registrar, who covers all three hospitals, only one of which is "meant" to be on take. That was very useful in two ways—it meant I saw a lot of acute surgical patients with definite physical signs, and also that I could learn much more from the surgery itself—both of which are difficult to do in Guy's because of the students + doctors : patient ratio. The elective surgery was plentiful and more representative of the average complaints found in the community overall than I had seen before and the approach to it was very different from that seen at Guy's. However, the differences can probably be explained in part by the fact that I was seeing much more material in much greater detail. Teaching in the surgical unit was confined to the practical problems of any operation and a short discussion at the end of out-patients about one of the patients seen that day. This apparent lack of theory was easily overcome by the large amount of practical work I was able, and encouraged, to do.

My second fortnight was spent with a G.P. whose practice was in Dartford, although most of the G.P. attachments are to practices outside Dartford. I was with a practice of five G.P.s with a trainee attached and spent some time sitting in with all of them. This gave a fascinating insight into how a G.P. must work to see all of his patients in the short time available, but I was initially quite horrified to see them making some diagnoses without examining the patient! They were quite candid when asked about this, pointing out that they had (after many years in practice) realised the need to be able to recognise when a patient's symptoms had changed from harmless to significant of some underlying pathology and were practising accordingly.

The practice had its own health visitors and midwives attached and also ran ante-natal and "well baby" clinics. It was also very involved with the Cottage Hospital in the town (which was then threatened with closure) and I was able to see how useful and economical a service a cottage hospital could provide for patients convalescing or learning how, for example, to control their diabetes, with the advantage of unblocking acute medical beds in the main hospitals. House-calls were another novel aspect of the G.P. allocation which I found instructive as it was then that I saw the sicker (mentally or physically) patients and saw how the surgery approach had to be modified to suit the patient's environment.

Gynaecology was next and was plentiful and varied, with the staff being keen to teach and encouraging me to do as much as possible on the wards, in out-patients and in theatres. (This was in contrast to the students who had done gynaecology just a few weeks before and found that they were not encouraged to participate—hopefully we sorted that problem out when we saw the Consultant at the end of our time there.)

And so to two weeks of excellent obstetrics at Gravesend. I collected 14 deliveries and one forceps delivery while there, and could easily have done more. The S.H.O.s were extremely helpful and competent (as they had to be with the Registrar probably in Dartford) and were keen teachers.

The midwives at Gravesend showed just how easy it is to make a student feel at home in new surroundings—whilst they did not have pupil midwives to get deliveries and medical students were a novelty to them, their courtesy and helpfulness were incredible. Whatever I asked for was done, from the Sister making me coffee (even if she was busy) to 'phoning me at Dartford to say there was another delivery imminent and was I going to come and do it? This latter aspect of keeping me informed of what was happening was a pleasant contrast to the attitude taken by the staff of Victoria Ward here—perhaps if they could see what can be done to let students know what is happening they might make the effort to do it.

My final two weeks at Dartford were spent doing medicine. I found this the least busy part of my spell in "the sticks" but it was still interesting, with a patient with tabes dorsalis their "star" at that time. Although less busy, the firm did enable me to follow through the management policies after the business rounds, which is an aspect of patient-care not seen by students at Guy's.

The social life revolves mainly around the social club in the evening with few other facilities present. The food was reasonable (as opposed to Gravesend which was awful, even worse than the Spit) and augmented at regular intervals by buffets (sponsored by drug companies) in the Postgraduate Centre which was also the venue for 2 - 3 tutorials/lectures on various topics each week, most of which were good value.

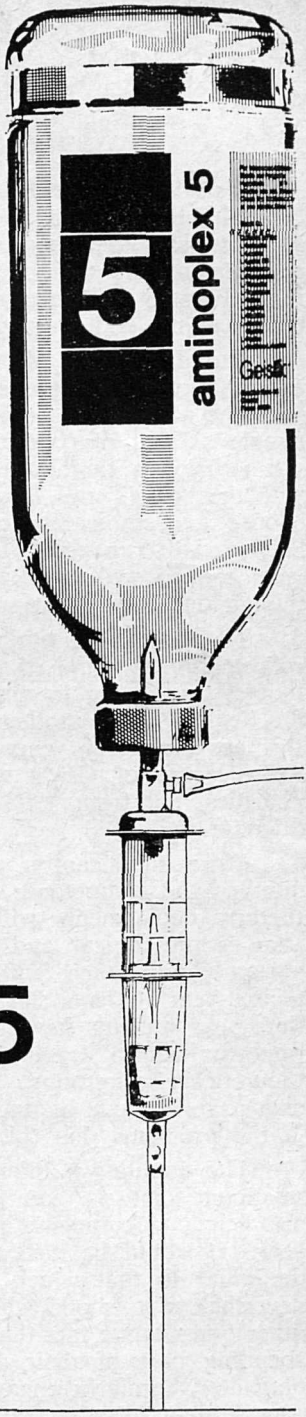
The only criticism I would make would be of the absence of bleeps for the students. I was usually able to scrounge a bleep from the off-duty Houseman at night, but there were no spares for use during the day. I, like some of the students previously, also got the switchboard to add my bleep number to the crash-team call. This got me to ten arrests in my spell there, which gave me plenty of practice at intubation, chest beating and cut-downs—unfortunately practice didn't make perfect as none of the patients recovered!

However, to end on a brighter note, the ten weeks taught me more patient care and practical procedures than the previous ten months in Guy's and will probably do the same for anyone there in the future.

Nutrition: recovery

"The practical advantage of intravenous feeding solutions which contain amino acids and calorie source in the same bottle is that of simplicity. The use of a 'one bottle' solution does not remove the responsibility for assessing the requirements of a patient, **neither does it prevent the meeting of those requirements**"

— a principle supported by more biochemistry on more ill patients than any other regime of parenteral nutrition



Aminoplex 5

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PHYSIOTHERAPY

CHANGE OF COURSE

This month has seen the entry of the third set of physiotherapy students into the new course of training, and the transition of the first entrants in 1975 to their third year. This latter group will be taking their Final Part II examination in the summer of 1978 and will complete their course at the end of August.

Our last group of students on the old course will take their Final examination in November of this year and theoretically we will be "off with the old and on with the new" by the end of that month. It is not as simple as that of course, because even students are human—and humans are notoriously fallible—so we will have a few of the "old" still mixed up with the "new" until February or even May of 1978. In case any of them choose to demonstrate still further their human fallibility, the Chartered Society, will run "old" Final examinations in July and November of that year and so we could still be entering "old" candidates up to that time, though one hopes that such will not be the necessity.

The change in timing and content of the course must necessarily be reflected in all sorts of other ways. To begin with the least traumatic—though this is not to discount the concomitant organisational headaches—the September Physiotherapy Ball has had its last manifestation. Hitherto, this has for many years been run by the November Finalist students for the pleasure of Guy's women and men and for the benefit of different charities, but from 1978 it will have to move to a different place in the calendar.

More significantly, as far as the care of patients is concerned, the number and competence of the students working in the wards and physiotherapy departments will be changed. Now that the whole of the first year is pre-clinical and that our intake is once yearly, we will face an abrupt change each September when a batch of completely inexperienced second-year students start treating patients and by which time the qualified third-year students have to be replaced by girls who have had only limited opportunities to develop their practical skills and who have a restricted theoretical background. Because Guy's was one of the last Schools to change to a single annual intake we are as yet comparatively inexperienced in the problems that this creates.

The qualitative difference must inevitably lead to a fluctuation in the treatment that we can provide, since the permitted number of staff is insufficient to compensate for the variations in student competence over the year. It would be misleading to overstate this fact as the situation is not dissimilar to that which prevails when new housemen are appointed, but nevertheless it is one which we would do well to note, together with the other quantitative fact that instead of having some 80% of the student-body spending part of their day in clinical practice, we will henceforth have only 66% similarly engaged.

R. J. Cooper.

NURSING

COMMUNICATIONS IN HOSPITAL

A subject about which a great deal is said and very little actually done is that of communications. Most of the population probably wish that the "Media" were less communicative but that their immediate colleagues at work were better practised in the art.

It seems that the larger an organisation becomes the less effective its means of communication. This is as true in hospitals as in the large nationalised industries such as the Post Office. However, in this day and age it is probably reasonable to suppose that since both these institutions depend for their existence on effective communication, they are likely to be amongst the least competent in perfecting a system.

Nurses and lay administrators all attend courses in order to learn the art of management and spend many hours learning the importance of communicating effectively. Sadly, they appear incapable of implementing any satisfactory system. Doctors of course have not yet been introduced to the subject of management and could not be expected to comply with a system since they are intent on retaining their individuality.

Communications systems usually break down at the point where their continuity is most important, that is the one at which the information should be relayed to those people who actually have to use it. Everyone above that stage is very well informed and subsequently fails to understand why instructions are not obeyed or answers not received when required.

There is a very strange phenomenon existing particularly amongst nurses, that all information should be treated as though it is classified. Even the most mundane facts are regarded as secrets and withheld for as long as possible. It seems to increase the feeling of self importance amongst senior staffs if they can manage to do this, and certainly serves to frustrate their colleagues.

Hospitals are dependent for efficiency on adequate communications. Student nurses and doctors are taught the importance of talking with patients and their relatives in order to increase their confidence and the necessity of providing a good welcome at the time of admission. This last however becomes a little difficult when a patient arrives in a ward without any warning. How much is their security increased when the first words of the ward sister are that she had not been informed of the impending admission?

It is surely time that people began to talk to each other, instead of issuing memoranda. Additionally, how pleasant it would be to telephone a department and find that the person answering the call actually knew the names of the colleagues with whom she was working. It would also be helpful if the circulation of innumerable notices which are merely consigned to the waste bin was reduced. These are seldom read by any of the recipients.

Maybe the communications systems or lack of them should be reconsidered and then—who knows?—the quality of service might even be improved.

BOOK REVIEWS

"A Companion to Medical Studies", volume 1, 2nd edition. Editors: R. Passmore and J. S. Robson. Price £12.50. Published by Blackwell.

"A Companion to Medical Studies", volume 1, is an attempt to collect most preclinical disciplines together, so that aspects of function are treated hand in hand with the study of structure. All approaches to understanding mechanism require a clear understanding of structure, so that physiologists, biophysicists, and biochemists will not need to refer in most cases to separate anatomical texts to gain insight into function.

I find the format of the book useful, particularly for example in sections such as immunology, the autonomic nervous system, and cardiac physiology. Whether the anatomy and biochemistry are treated adequately is not for me to say except where they impinge on my own researches. The section on acid-base studies does not seem to me adequately to stress the importance of haemoglobin's function as a buffer. On the other hand the section on nerve and muscle membrane potentials seems well arranged and to have been treated in considerable detail. Some of the steps in the electrochemical arguments force one to accept formulae without being shown how they are derived, but references are given, and no doubt this is due to the limited space available to the authors.

The proper study of physiology gives a better understanding of how the animal body and particularly the human body, works. Insight may be obtained at the general level, in which case one has studied "systems" or areas of function which belong together as far as can be seen at present. These systems include endocrine systems, the cardiovascular system, the nervous system and so on. Alternatively, though not sharply demarcated from studies at a general level, insight into mechanisms may be gained at a level closer to physics and chemistry, much of which is now commonly classified as biophysics and biochemistry.

The section of the book entitled "Structure and function of tissues" is largely anatomical, whereas that headed "Structure and function of the systems" incorporates a very good proportion of current physiological thinking on the systems of the body.

This book is likely to provide a good general background in physiology.

C. B. WOLFF.

"Biochemistry and Oral Biology" by A. S. Cole and J. E. Eastoe. Pp. 420. Price £12.00. Published by Wright; Bristol.

Teachers of biochemistry in the 2nd B.D.S. course have been aware for some years of the need for a suitable text. Biochemistry books used in the B.M.S. courses or in honours degree courses are, of necessity, too long and extensive for the pre-clinical dental course, which lasts only three terms. Furthermore, a very dentally-orientated approach is needed because chemical and biochemical reactions underlie the biosynthesis of collagen, the mechanism of mineralization, the aetiology of caries and, possibly, the action of fluoride ions, to mention only a few examples. This volume by Cole and Eastoe, probably the first of its kind, is therefore very necessary and is to be welcomed.

It is always difficult to know how much organic and physical chemistry to include in an introduction to a biochemistry text in order to bridge sixth form work and first year undergraduate studies, especially in view of varied 'A'-level syllabuses and differing school backgrounds. The authors have probably obtained a reasonable balance by including (for revision) some elementary organic chemistry of functional groups, a section on chemical bonds and a more extensive treatment of properties of water and of ionization of acids and bases. However, it is unfortunate that the organic chemistry is written in a rather dry style and that much old-fashioned nomenclature is used which is foreign to students and therefore confusing. Against this, the section on buffering is helpfully related to dentistry with its references to the buffering capacities of acetate, phosphate and ammonia, and the effect of pH on hydroxyapatite solubility.

Section 2 deals, in the classical manner, with the chemistry of biologically-important molecules, amino acids, proteins, lipids, sugars, nucleotides. One novel feature, however, is the discussion of protein structure and separation techniques before the chapters on carbohydrates and lipids. The idea of putting the chapter on "Enzymes" immediately following proteins is a sensible one and to be commended. Unfortunately, the chapter is rather dull to read, although the authors have tried to keep the kinetics simple and to stress the practical

importance of K_m values and the use of enzyme inhibitors as drugs. In view of current opinion that the last two phosphate groups of ATP are joined by anhydride links, it is a pity that the structure of ATP (p.63) is drawn with ~ P. Another criticism of this section is that the important and clinically-relevant topic of isoenzymes is dismissed in a few lines, together with very brief mention later in the section on "Metabolic Control" (no cross-references given). It is certainly not true to state (p. 76) that "their physiological significance is still uncertain".

The middle section on nutrition and composition of foods is very valuable. This is one of the topics usually dealt with very superficially in other biochemistry texts. Here, there are sensible and informative discussions on the effects of cholesterol and unsaturated fatty acids in the diet, the relationship between sucrose intake and caries formation and the arguments for and against water fluoridation.

When the chapters on metabolism are considered, I feel that these have been done better elsewhere. Although the amount of information given is about right for the 2nd B.D.S. course, many of the diagrams are very small and cramped and there is inconsistency in the use of NADH, $NADH_2$ and FAD, FP. Against these criticisms, however, there are many good points: there is a useful analogy which pictures catabolic and biosynthetic pathways as two streams of people running up and down the same staircase; the chapters on protein biosynthesis are well presented, the chapters on metabolic control are comprehensive, easy to read and touch on topics such as inherited disorders, cancer and tissue specialization, which are often omitted from standard biochemistry texts.

The last three major sections of the book are concerned with soft tissues, calcified tissues and biology of the mouth. In general, these chapters are well-written and contain a great deal of well-presented information relevant to the B.D.S. course. Perhaps the section on mineralization could have been extended in view of current knowledge and some electron micrographs might have helped. But why retain "angstrom units" here whereas the more modern "nanometers" are used elsewhere in the book? This is certainly the most useful part of the book because this information is not readily available elsewhere.

In summary, one feels that the authors have not made as much of the opportunity as they might have done when writing a book aimed specifically at dental students. Much of the earlier sections is written in a rather dry style which may not appeal to potential readers. This failing is offset to a large extent by the more readable chapters concerned with nutrition and oral biology.

D. B. GOWER.

"The Newborn Child" by D. G. Vulliamy. Pp. 223. Price £3.25. Published by Churchill Livingstone.

This is a short book of 213 small pages with many illustrations in black and white. It is the fourth edition of what has been a very good book since its first publication in 1961. Dr. Vulliamy has updated a lot of the information and views. His book remains a very useful introduction to the newborn infant. It makes for easy reading and therefore gives a very good bird's-eye view of the subject in a very short period of time. I think it would be of particular benefit to medical students but also to pupil midwives and obstetric nurses. It has not sufficient detail for a paediatrician but I doubt if it was basically intended for him. Nevertheless it is still a very useful book to read through rapidly for anyone starting in this field. At £3.25 however, it seems somewhat expensive.

LEO STIMMLER.

"Principal Drugs — An Alphabetical Guide", 5th edition, by S. J. Hopkins. Pp. 157. Price £1.50. Published by Faber & Faber.

This is a convenient pocket-sized dictionary of drugs, intended mainly for nurses. It has a fairly comprehensive list of drugs, though there are omissions. However, the author does not claim to describe all the drugs in common use. I did feel that those which are little used nowadays, such as Dover's powder, could have been omitted in favour of more modern preparations. The actions and uses of each drug are described briefly and some of the side effects mentioned. The list of proprietary and approved names at the back of the book is helpful as many nurses find these confusing. At £1.50 I think that many nurses would not think this book worth buying for themselves, but a copy on each ward would certainly be useful.

JULIA FABRICIUS.

"The Acute Abdomen—an Approach to Diagnosis and Management" by T. W. Botsford and R. E. Wilson. Pp. 325. Price £7.00. Published by W. B. Saunders.

This is a most useful little book. In its first section, entitled "The Tools", the prime importance of clinical assessment and acumen are readily stressed, which emphasis is maintained throughout the book. Technical aids are not omitted, the chapters on radiology, ultrasound and arteriography being particularly helpful and well illustrated.

The authors' avowed intent to "present an organised clinical approach" and to point out that diagnosis of the basic pathological process must precede that of specific organ lesions is well served by the subsequent sections entitled "Abdominal Trauma", "Acute Abdominal Inflammatory Disease", "Intestinal Obstruction" and "Haemorrhage as a Cause of the Acute Abdomen". In each section they assist the reader to develop the clinical skills of assessment and history, signs and investigations, with interpretation of these to a logical plan of action. It is the inability to do this which marks out the inexperienced and unsafe clinician, and also the regular failer of examinations.

The undergraduate who reads and comprehends this book will delight both his examiners and patients, as will the candidate for the Fellowship. Teachers of surgery will also find it of value in crystallising the clinical methods they wish to impart.

Unfortunately the price, £7 for a 325 page paperback, will discourage many readers, but those who can surmount this hurdle will be well rewarded.

J. A. LYTTLE.

"An Introduction to General Pathology" by W. G. Spector. Pp. 316 + viii. Price £3.25. Published by Churchill Livingstone.

This is a very useful medium-length introductory text to general pathology (i.e. the basic grammar of pathological processes). It is clearly and succinctly written; the format and the helpful illustrations both make for easy reading. Here and there any reviewer must disagree with small points in a book. These, however, do not merit detailed mention and in no way detract from the value of the book. This introduction is particularly appropriate for pathology in the basic medical sciences course and for general pathology in the dental course.

C. W. M. ADAMS.

"Practical Epidemiology" by D. J. P. Barker. Pp. 180. Price £2.00. Published by Churchill Livingstone.

This is the second edition of a book published in a series "Medicine in the Tropics". Most of it is written by Dr. Barker with a contribution on fieldwork techniques and on the investigation of epidemics by Professor F. J. Bennett. The book lives up to its title in being eminently practical. Although most of the examples given relate to the Tropics, and Africa in particular, it could be read with profit by anyone contemplating any investigation which requires epidemiological techniques. There is also a useful section on the presentation of results. However, for the somewhat more academic requirements of the M.B. examination, students would be better served by another of Dr. Barker's works, co-written with Professor Rose—"Epidemiology in Medical Practice".

J. JARRETT.

"Multiple Choice Questions in Human Physiology with Answers and Comments" by I. C. Roddie and W. F. M. Wallace. Pp. 349. Price £5. Published by Lloyd-Luke.

The success of this book can be measured by the fact that within six years of first being published it has been reprinted once and is now appearing as a second edition in which some questions have been deleted and replaced by twice as many new ones.

It is difficult to devise an MCQ which tests not only information recall but constructive thought and therefore the majority of the questions in the book can be answered correctly using recall alone. Nevertheless basic facts are essential before they can be manipulated in a constructive way and this book tests factual recall but allows errors to be corrected. There are 576 questions on the basic and applied aspects of physiology, each question or "stem" being followed by four statements needing a true or false decision, so it can be seen that a very large area of information is covered.

There seems no reason to doubt that the apparent popularity of this book with students will continue.

I. MACDONALD.

CORRESPONDENCE

S.M.E.C. on Student Holidays

Madam,

At a recent meeting of the Student Medical Education Committee one item on the agenda, it was felt, should be brought to the notice of the student body.

With regard to recent problems arising within the second year firms, it was pointed out that the Obstetrics and Gynaecology firm has stopped students taking time off for holidays.

This it was generally felt was due to the misuse of privileges granted to students; that students had been taking more than their total of two weeks outside the fixed July/August holiday period, and some had been away on separate occasions for more than a single week.

It is also apparent that staff in the firms involved are very much aware of this and feel understandably that as little time as possible should be spent away.

The Committee felt that if such a voluntary holiday system is misused then it was understandable that firms would take a much stronger line and much more restriction would be imposed on the students.

It is therefore in the interests of present and future students that those in their second year should stick to the proposed holiday system which is as follows: a total of four weeks holiday per annum is permitted, two weeks of which is fixed in July/August. The remaining two weeks may be taken by the student at times of their own choice subject to the written permission of the firm and provided not more than one week in any firm is taken, no holiday is taken during the regional appointment and no holiday is taken in the first or last week of any appointment.

Yours faithfully,

JONATHAN MOORE,
Chairman.

C/o East Wing,
Guy's Hospital,
London, S.E.1.

Clinical Dental Day

Madam,

This is an early confirmation that Clinical Day will be held next year as usual on the first Saturday in March.

From the questionnaire filled in by those attending this year it seems that there is strong support for the continuation of an annual event, in spite of the fact that a charge will have to be made to help defray expenses.

This will be £2 for each registered dentist and will cover registration, a printed programme, morning coffee and tea in the afternoon.

It is hoped that the range of activities will be more extensive than in previous years, and will include a small trade show.

In the evening a combined Dental Dinner and the Dental Ball will be held in Grosvenor House Hotel, and it is hoped to maintain the traditional format of both functions in this one annual occasion. It will be open to all and not be limited to members of the profession as was the case with the Dinner, but Guy's graduates will be able to sit with their contemporaries during the Dinner. Tables will then be moved to the periphery, a dance band will appear, and the more athletic activities continue until 1.30 a.m. A quiet bar will cater for those with sensitive ears.

R. D. EMSLIE,
Dean of Dental Studies.

Guy's Hospital,
London, SE1 9RT.

More Aphorisms

Madam,

Having read your enjoyable series of aphorisms and particularly Mr. Norman Punt's reference to Mr. T. B. Layton and his use of Sir Alfred Fripp's aphorisms, I thought your readers might be interested in a little more information on this subject and an additional aphorism.

"Tubby" Layton, E.N.T. Surgeon to the Hospital, was something of a Dickensian character. On occasion he would meet with his students in the spacious Out Patient Hall and proceedings would commence as follows. T. B. L. in a very loud voice to student A: "Give me the first aphorism of Sir Alfred Fripp." Student A would shout back across the hall, "Sir, Nature alone knows the limits of necrosis." T. B. L. in an even louder voice to Student B, "Give me the second aphorism of Sir Alfred." Back across the hall would come the reply, "Sir, it's a wise man who knows when to empty his bladder." And finally T. B. L. would literally roar to Student C, "Give me the third aphorism of Sir Alfred Fripp," to which might come the reply, "Sir,

Never drink because another man is thirsty!"

Following this hearty exchange more normal clinical proceedings would commence.

Yours faithfully,

Dr. H. C. STILL

(Student at Guy's 1940–43).

Associate Professor,
Dept. of Family Medicine,
Dalhousie University,
Halifax, Nova Scotia, Canada.

A Book Worth Noting

Madam,

I write in respect of the excellent review by Dr. D. E. Hyams in the Gazette of 30th July, of an even more excellent book. I was stimulated to see it for myself, and had no hesitation in buying it. It is a pity that the book was reviewed in an edition of the *Gazette* that was published during the student holidays, and so I would like to draw attention to it again.

The book is a Livingstone Medical Text, "Geriatric Medicine for Students", by J. C. Brocklehurst and T. Hanley. Churchill Livingstone, 1976.

Thank you.

Yours faithfully,

JUDITH GODSLAND,

Student.

East Wing,
Guy's Hospital,
London, SE1 9RT.

Friends' Raffle

Madam,

A large stuffed dog was made by Mrs. Fenton of the Cleansing and Transport Division of the London Borough of Lambeth. She sold raffle tickets amongst her colleagues to the sum of £11.50 and sent the remainder of the tickets to be sold in the hospital.

A total of £20.10 was raised for the funds of "The Friends of Guy's". The raffle was drawn on 29th July by Mrs. B. M. Herbert and was won by Mrs. D. Souster, 9 Dowell House, Lyall Avenue, Kingswood Estate, London, S.E.21.

Yours faithfully,

M. L. CAMPBELL,

Honorary Secretary,
Services Branch,
Friends of Guy's.

Guy's Hospital,
London, SE1 9RT.

Guy's Directory

Madam,

Re your note about the Guy's Directory.

1. A list of subscribers to the *Gazette* would be more frustrating than useful.

2. Why is there "no chance of the Directory being revived in its old form"? Is it the expense?

3. I can see it would be a huge task to circularise every Guy's man who was not a subscriber to the *Gazette* but it could be done.

4. You could then ask how many would subscribe if a directory were published and from that you could work out the price per copy.

5. I quite see that this would be a mammoth task but it *would* be nice to have a new directory.

Yours faithfully,

S. J. WHEELER.

Hyde Beeches,
Hyde,
Wareham, Dorset.

Guy's Directory 2

Madam,

In forty-five years of practice I found the Guy's Directory invaluable. It was in constant use. Patients moving away were able to be referred on a personal basis, relieving them of a degree of anxiety and an introduction to their new practitioner. And of course it keeps the family of patients amongst Guy's graduates. Whatever form the new Directory takes it can only be of immense value.

Yours faithfully,

R. W. F. BROTHERTON.

2 Oakwood Road,
Virginia Water, Surrey.

Guy's Directory, 3

Madam,

I am sorry to read in the *Gazette*, that an up-to-date directory of Guy's Medical and Dental graduates is not to be compiled.

This is a most useful directory, the last edition being 1969, and I cannot understand why it cannot be repeated.

I sincerely hope that any difficulties will be overcome, and a list of subscribers to the *Gazette* would be a poor "second choice", but better than nothing.

Yours faithfully,

BASIL W. PETT.

8 Lower Sloane Street,
SW1W 8BL.

Editor's note:

We have had many enquiries regarding the possibility of the producing of another Guy's Directory. There is no chance of a directory being produced in the old form at present. Although we have had many enquiries, lack of interest in the previous directory is evidenced by the number of the 1969 directories (compiled in 1968) still available in the medical school office (price 50p). Incidentally, the Office or indeed the Gazette itself, still likes to receive any changes of address made by Guy's graduates.

From the Other Side

Madam,

I have recently been a patient in Guy's Hospital, and through the *Gazette* would like to express my most sincere thanks to all the Guy's staff who gave me such wonderful care during that time.

I was greatly impressed by the happy atmosphere, which immediately affected me, and my approach towards a decision I had to make.

The nursing and other care was of the traditionally high standard, and no effort was spared to make me comfortable and help me through. If I may be permitted, I would like to mention, that the Sister was outstanding in her unobtrusive observations, and immediate action where necessary, both for myself and for other patients in her care.

The whole team of people responsible for patient care, I found extremely interesting. Considering the nursing team, excluding the Sister and staff nurses, now consists of Nursing Auxilliaries, State Enrolled Nurses, and nurses training for the State registration, the fact that they all knew what to do was a marvellous achievement in organisation. If they were unsure of what to do they could always ask, and were answered in a most patient and instructive manner.

The people carrying out domestic services were fascinating to observe and a joy to have around, always polite and cheerful, and again knowing exactly what to do. Considering there is often a language problem, this is a marvellous achievement for the domestic supervisor.

Communication is very much an essential part of life in the seventies, and never more so than in the cosmopolitan society of a large teaching hospital. I was very impressed by the communication between people, and if it continues in the human manner obviously taught in the various schools particularly in the Schools of Nursing, no one need fear for the future care of those in need. I found everyone neat and tidy in their appearance; and extremely kind in their approach.

Thank you.

Yours very sincerely,

BETTY M. RANDLES.

8 Jeffreys Way,
Uckfield, Sussex.

. . . . *from the presses* . . . .

. . . The Medical Defence Union have just released the latest in their series of films designed to heighten awareness of sources of error and accident in medical and dental practice. Called "Injection Errors", the 19-minute film was shown at a premiere on 8th September. It describes some of the basic precautions that should be taken in administering parenteral therapy—and illustrates compellingly the errors that creep in when such precautions are overlooked. The film uses M.D.U. staff to act out the stories of mistakes that have actually been made. Safety factors indicated range from remembering to use the sharps box for broken ampoules and needles to giving the right dose of the right drug. The film also illustrates the importance of conscientious checking of everything by everyone involved in drug administration and it should be seen by all these people—doctors, medical students, dentists, nurses, medical receptionists could all benefit from seeing it—and thus benefit their patients! The film is available for hire or purchase from the M.D.U. or Sorel Films Ltd. who produced it. . . .

. . . . The British Medical Association have published a new handbook for hospital junior doctors which includes much basic information about the workings of the new contracts. The book, loose-leafed to allow for insertion of revisions, is distributed free to members of the B.M.A. and covers such items as form of contract; available assistance with removal expenses, rent, house purchase, travel; grants; study leave . . . .

SPORT

COMMENTARY

It was with great pleasure that I spotted my old friend Brian Bore in the Colonnade just returned, bronzed, from his holidays. We sat in the park sipping his lukewarm duty-free Scotch and the told me about his travels. Bore is not a fellow who can stand too much leisure, so his was a working holiday.

He explained, "I've been working for Kerry Packer, the cricket magnate. He has been trying to sign on a large number of doctors to start a rival N.H.S. He hopes to glamorise medicine so much that it again becomes fashionable to talk about one's treatments at parties, and to show off operation scars. He proposes a series of open air Health conferences and demonstrations in football stadia to advertise his chain of supermarket health clinics. These conferences will feature special superstar doctors promoting their treatments and operating techniques, with videotape monitoring for those in the expensive seats. It is hoped that this will create a public interest to see their own celebrity doctor at enormous expense. The exorbitant consulting fees are justified by the expertise of the consultants and will at least make the public feel they are seeing someone competent. For instance Mr. Packer rushed to sign a Ugandan doctor, Idi Opathic, who can produce up to fifteen cosmetically superb, monogramed appendix scars per hour by not actually removing the organ but merely making the incision. This technique is favoured by the unknowing patient who suffers much less pain than he had expected. Of course these are early days but this could be the start of big business".

Bore beamed at this with the satisfaction of someone who knows that if all goes wrong he already has his airline ticket to Buenos Aires. I couldn't help feeling the idea was rather Orwellian but I said nothing. Instead I told Bore about the pre-season sport at Guy's.

I was pleased to be able to tell him of the good start made by many. The men of iron who play Rugby have now been training hard for several weeks. I suspect we mere mortals don't understand how hard it is to reach their standard of fitness—all credit to them. Both first and second Rugby teams started their seasons in winning style, the firsts by beating Bromley 18—0. This was their first game under new captain Graham Francis—good luck to him. The Soccer Club take things in a more relaxed fashion preferring fluid training sessions. However, they too have met with success scoring fifteen goals in their first two friendly games. Paul Revell scored a brilliant hat-trick against Catford Strollers. His name is one not seen too often on team sheets, but I hope that will change this season.

I should like to congratulate *Mike Glover* on an outstanding season as cricket captain and thank him for his epic report.

Lastly I want to announce a competition to find the Guy's sportsman or woman of 1976/77. I should like nominations for this illustrious title sent to me via the East Wing before the next *Gazette* by which time Bore and myself will announce the victor. This champion of Guy's will be the person whose sporting feat or escapade is judged to be the most amusing, courageous and daring. There will be no prize but honour and glory and the recognition of this journal.

To all, a happy training.

Yours in sport,

J. EARNSHAW.

WATER POLO

On a sunny afternoon in July, eight gallant men set out for the annual water polo tour. Playing their first match in the evening at Yeovil, they put up a brave fight against the town's second team, but were narrowly defeated by five games to four. Any disappointment was soon forgotten when we discovered that the Yeovil team's local stayed open until 2.00 in the morning.

The next match was at Saturday lunchtime in Bridport and was interesting to say the least. These poor unfortunates do not own their own mod-con indoor swimming pool, or even an outdoor one, instead they have to make do with the river. The chosen stretch of water is just above the lockgates leading into the sea, and although the water is fresh (meaning unsalted), it is disgusting. The playing area, which is marked out by floating ropes and two floating goals, is approached via a set of exceptionally slimy concrete steps leading to water which is approximately two feet deep and covering another two feet of black mud. This latter obstacle had to be jumped or dived over to reach the rela-

Andy White, Michael Miller (Capt.), Shant Khan, Andy Smith, John Taylor, Nigel Masters, Carlos De Sousa, Jon Beard.

tive safety of deeper waters, but did cause the most disfavourable problems on re-emerging. We discovered on entering just how foul the water was, its main colour was a dark green and was so thick that one could not see one's hand further than three inches below the surface, and it was covered by a thin film of diesel oil floating across from the neighbouring children's motor boat area. Needless to say that the water was extremely cold which tended to have a diabolical effect on one's anatomy.

The match, despite the discomforts, was not a total farce, it was slightly violent (a necessary component of trying to keep warm) and play was seriously affected by the cold (to the extent of one penalty shot being gently lobbed three feet above the opponents' goal), but the game, in retrospect was enjoyable. The score was 5—5, but we declined playing a further quarter to decide a winner in favour of spending longer in the pub consuming as much alcohol as possible to try and kill any ingested nasties. It was here that we learnt that two weeks previously, play had to be halted for ten minutes while a dead sheep was allowed to float the length of the playing area!

In the evening, having barely sobered from the midday horror, our second Saturday match was played at Salisbury where they have a very new and pleasant indoor pool. Having played two matches, and being a little more practised, we were beginning to play more as a team, we were attacking for most of the game and defeated them by four goals to three. The result called for much celebration and a further attack on any remaining nasties.

On Sunday morning we had our last match played against Bournemouth. Stopping on the way at the sea front caused us to be half an hour late because of the irresistible attraction to A. W. (a compulsive gambler by nature) of the penny arcades where the five minutes stretched to forty before he could not be found. But we still had time for a good match and luckily the skipper, goalless and in fear of his life if he failed again to score, scored two goals with the final result 5—4 to us. This again called for much celebration, and the Bournemouth team kindly supplied us with food and drink in the interesting surroundings of the local fire-station.

Team: Michael Miller (Capt.), Andy Smith, John Taylor, Jon Beard, Shant Khan, Carlos De Sousa, Andy White, Nigel Masters.

CRICKET

The second half of the season failed to live up to the promise of the first.

This was shown straight away during the Bart's game in which they gained revenge for their earlier cup defeat at the hands of Guy's. Another good bowling performance by Guy's saw Bart's off for 158, the honours being shared by all the medium pacers, Shepherd (3—41), Tunnadine (4—22), Sheridan (2—57) and Broughton (1—28). Unfortunately, Guy's collapsed in a big way, only scoring 64.

Next came the third round of the Bertie Joel Cup, against the Metropolitan Police. Disaster struck early on a freshly mown pitch, John Wright received a lifting ball that he just failed to keep down, and *Glover* then dragged a wide half-volley onto his stumps. Despite valiant efforts by Mitchell and Shepherd, a tragic run out ended the stand, and Guy's were all out for 100, which could have been enough if we could have managed an early bowling break-through. Valiant efforts by Jacks were rewarded when their star batsman switched the ball to second slip, who unfortunately lost his credibility in that position. He went on to score 42, and despite some tight bowling, they had no need to hurry and eventually easily made the required total.

The HAC in the next game batted very well to make 213—5 dec., leaving Guy's slightly less time to catch them. An early collapse to 35—3 was halted when Glover came in and hit his first ball for six, and went on to make a hard-struck 48, but with the time always against us, wickets were thrown away in the chase and we finished at 141—9.

Northwick Park were a total mismatch. Suffice it to say that John Brazier came back from retirement to score 54, out of 160, and they took 44 overs to score 55, 11 of which were extras.

Old Millhillians was a strange game. Against a good Guy's total of 185—8 (Glover 46, Ryan 25, Cunnington 51), they started at a cracking rate, and at 95, Hendy clean bowled their opener for a well-struck 64. However, at this point, the other opener who should have hit out, proceeded to score more slowly than ever. Despite the ball being thrown ever higher and higher, they ended at 168—3, having made no real attempt to go for the runs that were well within their reach. Another point of oddity was that Glover again hit his first ball for six.

The next day's match was against the British West Indies, one of the stronger club sides in the area. Guy's unfortunately lost the toss on a good batting wicket, and the opposition batted well to make 193—5. Jacks again bowled well to take 3—25. In reply, Guy's started well, with a profitable partnership between Mitchell and Wright taking the score to 72 before Mitchell was stumped. Guy Nield struck the ball well to score 19, before unfortunately being run out, and the middle order then produced a spectacular collapse to turn a good position into a hopeless rout.

The last game before the Cup Final was against Old Citizens. A tremendous start by Guy's reduced the opposition to 82 for 8 before they recovered, to 166—9, taking a long time over it. Bowling honours were shared between Tunnadine (3—40), Glover (2—56), and Henricks (3—53). In the chase for quick runs that followed, Guy's wickets fell quickly, helped on their way by two spectacular catches.

And so to the Cup Final against St. Thomas's. Guy's won the toss and elected to bat on a beautiful day, and had a good start with Jacks and Broughton hitting the ball well and cleanly, until Jacks was unfortunate enough to play a wide ball on, with the score at 42. Glover and Broughton were well on top until they brought on their slow left armer. With two wickets in his first four overs, a lot now rested on Glover, but having reached 30, he too played a wide one on and Guy's were 96—5. Some fighting cricket from Ryan and Cunnington took Guy's to 152, less than they had hoped but reasonable nevertheless.

A lot now rested on the bowling, but Thomas's started well, reaching 63 before Hughes took the first wicket. Now followed a spell with the Guy's bowlers well on top, 30 overs going by with the addition of only 30 more runs and the fall of four more wickets. Thomas's now dug in and managed to take their score to 149, when, with the last over of the day to be bowled, a bowling change brought on McArthur, who followed his feat of taking a wicket with his first ball against Bart's by removing the middle stump first ball again. So at 149—6 overnight, the game was very much level.

The next day, Thomas's elected to bat on, and carried on until thirty-five minutes before lunch, declaring 100 ahead, scoring 261 in one hundred overs. This was a very good piece of bowling by Guy's when one considers that the ball became very soft towards the end. At this point, the game looked a certain draw, unless Guy's batted very badly.

Unfortunately, they did just that, and collapsed to some good seam bowling and lost by an innings and seven runs. A sad way to finish off a great run in the cup.

It was with understandable anti-climax that Guy's played poorly to lose to the Nomads.

And so to the annual visit to Woldingham and the hospitality of the president and his wife. Gone were the collapses of previous games, and Guy's excelled to reach 273 for 4 declared, with Glover scoring 183, Rees 47 and Nield 37. Woldingham in reply were reduced to 37 for 4 until a bearded gentleman on their side chipped the ball to mid-on, where McArthur held a good catch. Much to our amazement, this was not out! As he went on to score 99, and Woldingham managed to draw, this was felt to be a rather vital decision. The evening more than made up for this, as Guy's drowned their sorrows in beer and wine cup, and feasted on Gaspacho and home-made pâtés. A fitting end to the season as such, and put us in fine fettle for the tour.

The Tour

On the way down, on the Sunday, the weather was clear until we were two minutes from Bognor. Centred right over the middle of the Bognor C.C. pitch was a thick black cloud, out of which the rain fell. When we arrived, having felt very foolish stopping in the middle of the town to ask where the cricket pitch was, all that could be seen of the square were the sea-gulls paddling. At least they were enjoying it.

Golf at Goodwood the next day was played in much more pleasant weather, and the next morning brought reinforcements to bolster up the side for the afternoon's battle against Pagham. There were such superstars as Chris Jackson, in and out batsman, voted the one most likely to be sent home early from the tour. Also, Nick Singer, a No. 11 bat, except we only had nine people on Tuesday, Pete Titchin of the many shorts, mainly Scotch, Nicholson, left hand bat and terrible change bowler, used in short bursts to provide comic relief, and many more.

Pagham, unaccustomed to such a team as this, were dealt with summarily, with Guy's scoring 223, Glover making 140 with eleven 6's and three lost balls. Pagham fell before an onslaught of full tosses and long hops, and but for some inspired dropping of the ball at cover, Guy's would have coasted home to an easy win. The tremendous celebrating of that night might have had something to do with the defeats of the next two days.

Against Middleton, Guy's opened with the terrible trio of Jackson, Singer and Titchin, and were soon three wickets down. This trend continued when Broughton was bowled and after a short stand, Glover was bowled for 40. Steve (Swedish Dentist) Taylor ran out Hughes, and then scored 20 himself. Guy's eventually managed 120, which the opposition reached easily, Broughton taking the only wicket. More celebrating.

Cuckfield, the last game of the tour and season saw the captain finish off a great season with the coin by winning the toss again, and Guy's at lunch were in the strong position of 110 for 2. However the opposition skipper wisely invested in a bottle of port, and Guy's succumbed for 150. Cuckfield managed this with the loss of six wickets.

Our thanks to Eric and Joyce for putting up with us for yet another season, and for Mr. and Mrs. Glover for providing such excellent entertainment at Woldingham.

MIKE GLOVER.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

1st September, 1977

House Physicians	
Dr. Scott	Mr. J. Efthimiou
Dr. Joiner	*4 months*
	Mr. P. Emery
	6 months
	Mr. B. Jones
	6 months
Prof. Lessof/Prof.	Mr. J. F. Rivett
Keen, Prof. Dowling	*4 months*
and Dr. Maisey	Mr. M. J. Gleeson
	3 months
	Miss G. J. C. George
	6 months
Dr. Houston/Prof.	Mr. M. J. Tidman
Trounce, Dr. Knight	*3 months*
and Dr. Grimble	Mr. B. H. Wilkins
	6 months
	Mr. S. A. Watson
	6 months

House Surgeons	
Mr. Lawrie and	Mr. T. H. J. Goodship
Mr. Ellis	*4 months*
	Mr. M. K. Bancroft-Livingston
	6 months
Mr. Beard/Mr.	Mr. J. J. Horton
O'Flynn and	*4 months*
Dr. Winter	Mr. A. B. Tanqueray
	6 months
Mr. Glover/Mr.	Mr. S. F. Evans
Maynard and	*3 months*
Dr. Tong	Mr. R. P. Money
	6 months
Prof. McColl/Mr.	Mr. I. F. Mackenzie
Rendall and	*4 months*
Mr. Bewick	Mr. A. A. Quyyumi
	6 months

Gynaecological House Surgeon
Mrs. J. S. M. Tidman
3 months
Mrs. G. M. Dick
6 months

Throat and Ear House Surgeon
Mr. C. V. R. Blacker
3 months
Mr. S. M. Milner
6 months

Orthopaedic House Surgeons
Mr. C. B. Ackner
6 months
Mr. R. S. Hurwood
3 months
Mr. M. G. N. Bourne
3 months

Genito-Urinary House Surgeon
Mr. M. L. Moss
3 months
Mr. P. H. Jarrett
3 months

House Surgeons to the Thoracic Unit
(S.H.O.) Mr. P. H. Rowe
6 months
Mr. S. Howarth
3 months

S.H.O. to the Renal and Transplant Unit
(S.H.O.) Dr. J. A. Fleischmann
3 months
(S.H.O.) Dr. A. W. Nathan
6 months

Children's House Physicians
(S.H.O.) Dr. P. T. Clayton
6 months
(S.H.O.) Dr. A. Boque
2 months
(S.H.O.) Dr. A. J. MacRae
9 months
Dr. J. Goldsmith
3 months
Dr. T. T. Lau
3 months
Dr. P. T. Rudd
6 months
Dr. A. H. Thomson
6 months

Casualty Officers
(S.H.O.) Dr. C. Akle
3 months
(S.H.O.) Dr. K. G. Brame
6 months
(S.H.O.) Dr. W. C. Crozier
6 months
(S.H.O.) Dr. E. M. Lee
6 months
(S.H.O.) Dr. I. G. Nicholson
6 months
(S.H.O.) Dr. R. D. Perkins
6 months

Resident Obstetricians
(S.H.O.) Dr. S. J. Brown
1 month
(S.H.O.) Dr. S. R. Killick
6 months

Neurological House Physician
(S.H.O.) Dr. S. E. Edwards
6 months

Dermatological House Physician
(S.H.O.) Dr. G. W. G. Vevers
6 months

Resident Anaesthetists
(S.H.O.) Dr. P. Chantaravong
3 months
(S.H.O.) Dr. C. K. D. Nath
1 month
(to 30.9.77)
(S.H.O.) Dr. S. J. P. Ariaraj
12 months
(S.H.O.) Dr. J. D. McArthur
12 months
1 post vacant from 1.10.77

S.H.O. to Nuffield House
(S.H.O.) Dr. J. Q. Trounce
3 months
(S.H.O.)
6 months

House Physician in Child Psychiatry
(S.H.O.) Dr. T. M. Naidoo
1 month
(to 30.9.77)
Dr. C. M. F. Dicks Mireaux
6 months
(from 1.10.77)

S.H.O. to the Cardiology Department
(S.H.O.) Dr. T. J. Meredith
1 month
(S.H.O.) Mr. A. M. C. McMinn
1 month
(S.H.O.) Dr. R. A. Foulds
6 months
(from 1.10.1977)
(S.H.O.) Dr. O. L. Duke
6 months
(from 1.10.1977)

S.H.O. to the Department of Ophthalmology
(S.H.O.) Dr. S. J. Doyle
1 month
Dr. R. Henderson-Smith
12 months
(from 1.10.77)

S.H.O. to the Department of Psychiatry
(S.H.O.) Dr. R. F. Hill
1 month
(S.H.O.) Dr. R. W. K. Bamber
1 month
(S.H.O.) Dr. N. P. Darroch
1 month

ST. OLAVE'S HOSPITAL

House Physician — Miss V. Pain *3 months*; Mr. C. E. Handler *6 months*
House Surgeon — Mr. R. M. Hughes *4 months*; Miss E. O. Breese *6 months*
S.H.O. in Gynaecology — Dr. M. J. Browne *1 month*
S.H.O. in Psychiatry — Dr. A. M. Leader *1 month*; Dr. R. J. Ancill *1 month*

NEW CROSS HOSPITAL

House Physician in General Medicine with Geriatrics and Rheumatology — Mr. J. B. Warren *3 months*; Mr. D. C. Markwell *3 months*; Mr. V. J. Kielty *6 months*; Mr. J. E. Bridger *6 months*
Orthopaedic House Surgeon — See Under Guy's
S.H.O. to the Rehabilitation Unit — Dr. J. G. Ayres *1 month*

BECKENHAM HOSPITAL

House Physician — Mr. D. C. Haiart *6 months*
House Surgeon — Mr. K. Radia *6 months*

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Hartley and Dr. Thomson — Mr. J. R. Bayly *3 months*; Mr. D. Kipling *6 months*
House Physician to Dr. Mallinson and Dr. Blower — Mr. C. A. Holden *6 months*
House Physician to Dr. Colover and Dr. Marsden — Mrs. S. A. Hobson *6 months*
House Surgeon to Mr. Williams — Mr. S. R. Large *4 months*

Mr. Park for 3 months and 3 months with Mr. Stoker and Mr. Harrison	Mr. M. A. James *4 months* Miss C. P. Cavanagh *6 months* Mr. R. Senior *6 months*
House Physician to Dr. Mallinson	Mr. R. H. Moore *3 months*
House Surgeon to Mr. O'Flynn, Mr. Wilson and Mrs. Wengraf	Mr. S. S. Chan *3 months*

ASHFORD HOSPITAL, KENT

House Surgeon	Miss S. G. Mitton *6 months*

HITHER GREEN HOSPITAL

House Physician in General Medicine and Infectious Diseases	Mr. A. D. Bundock *4 months* Miss N. K. Scott *6 months*

LEWISHAM HOSPITAL

House Physician to Dr. Price	Miss E. J. Dalgleish *4 months*
House Physician to Dr. Stott	Miss M. E. Heber *4 months*
House Physician to Dr. Staffurth	Mr. C. S. Bull *6 months*
House Physician to Dr. Llewellyn-Smith	Miss J. Glover *6 months*
House Surgeon to Mr. Lynn Evans	Mr. D. V. Rajaratnam *3 months*
House Surgeon to Mr. Ivo Smith	Mr. J. C. Kingswood *4 months*
House Surgeon to Mr. Monty	Mr. B. A. Price *4 months*
House Surgeon to Mr. Le Brun	Mr. P. W. Timms *6 months*
House Surgeon to Mr. Negus	Miss H. M. Earl *6 months*

ORPINGTON HOSPITAL

House Surgeon to Mr. Wilding and Mr. Lam	Mr. D. R. Fine *3 months* Mr. R. G. Evered *6 months*
House Surgeon to Mr. Walker-Brash and Mr. Ratnesar	Mr. J. S. Fitzgerald-Frazer *3 months*
House Surgeon to Mr. Boxall and Miss Austin	Miss C. A. Lloyd-Roe *4 months*
House Surgeon to Mr. Walker-Brash and Mr. Glasspool	Mr. N. D. Slater *6 months*
House Physician to Dr. Southwell and Dr. Williams	Mr. A. P. Plumb *6 months*

PEMBURY HOSPITAL

House Surgeons	Miss A. Manktelow *4 months* Mr. J. E. W. Van de Pette *6 months*
House Physicians	Mr. V. G. Thornton *3 months* Mr. K. A. Collett *6 months* Mr. A. R. B. Harris *6 months*

ST. HELEN'S HOSPITAL—HASTINGS

House Physician	Mr. G. Sengupta *3 months* Mr. T. M. Baylis *6 months*

ST. NICHOLAS HOSPITAL—PLUMSTEAD

House Physician to Dr. Scott	Miss B. A. B. McEvedy *4 months*

PASS LIST

M.R.C.P. May, 1977

A. K. Mant

F.R.C.P. May, 1977

T. B. Brewin	R. Marks
P. F. Benson	I. O. B. Rennie
D. C. Fluck	W. R. Lee
B. A. Latham	C. Chantler
R. N. Maini	W. H. Smith

Primary F.R.C.S. May, 1977

C. Ackle	D. J. Jones
S. J. N. Darrell	R. A. Miller

F.R.C.O.G. June, 1977

J. F. S. Batson	N. D. Kilpatrick
L. A. Emanuel	J. K. Ogden
G. M. Johnson	

F.R.C.S. July, 1977

A. J. C. Batch	P. G. Lunn
J. L. Hewlett	R. B. Kinder
A. Fenn	M. R. Masser

M.R.C.G.P. July, 1977

D. C. Beales	M. J. Hawkins
R. A. Billings	A. P. Lees
M. F. D'Souza	R. J. Leete
T. J. Edwards	D. A. Ryland
A. Greenwood	(Distinction)
R. P. D. Hancock	E. H. Williams

M.D.

B. Hicks

UNIVERSITY OF LONDON

Final M.B.,B.S. Examination—June 1977

Part IV

D. R. Davies	J. W. A. Moore
C. P. Gilford	R. M. Terry
J. A. Handcock	S. Q. M. Tighe
J. W. Mason	

Ph.D.

M. R. Creasy	Valerie E. Wells

Third (B.D.S.) Examination in Dental Surgery —June 1977

M. T. Bostock	N. M. Ismail
J. A. Brazier	L. B. Jacobs
D. P. Collins	D. A. A. Kassam
C. C. Dowdeswell	Belle S. Mooney
M. G. Gilhooly	J. G. Owen
Sandra I. Grant	A. C. Portelly

UNIVERSITY OF LONDON

Second Examination in Dental Surgery —June 1977

R. P. Adams	S. Filby
Susan L. Aldrich	P. R. W. Goslin
Mary E. Arthur	D. I. Greenaway
G. K. W. Au	Christine Hall
Karen E. Barker	R. N. Hayes
G. L. Bell	P. S. Hockley
Susan Berry	P. J. Holmes
C. S. Bhat	Jennifer M. Horsfield
R. H. Bond	D. R. E. Jones
Catherine W. Brazenall	N. Z. Junid
	N. G. Kingdon
M. R. Breeze	Kwok Weng Phun
R. D. Browne	H. C. Lane
N. C. Burton	Judith A. Lewis
W. J. Byrd	R. A. Loukota
Chan Wai Min	Moira D. MacEvoy
R. S. Cookson	Melanie J. Newport
Josephine B. Corner	R. M. Nicholas
G. B. Derry	Jane M. Olding
P. K. Downes	D. S. Osborne
J. R. Exelby	M. G. Pascoe
S. P. Fenny	J. H. Phelps

Seema Raichoora
M. C. Reece
R. G. Robertson
S. N. Robinson
K. K. Sachdev
A. G. Saward
N. S. Sehmi
P. J. Silvester
D. Squire
M. Ullrich
K. D. Underwood
Anil Varma
S. A. Walker
J. D. Watson
R. Wellington

UNIVERSITY OF LONDON

Third (B.D.S.) Examination in Dental Surgery —June 1977

Part I

N. V. J. Barrett
N. S. Bhuva
E. V. Bosch
A. V. Bramwell
N. J. Capp
Jane E. Carr
Sarah J. Carter
Valerie J. Cater
N. P. Chandler
Chen Chun Kit
Diane I. Christopher
J. M. Colley
M. J. Crawley
G. V. Cresswell
S. A. Cunnington
Teresa M. Day
S. A. Des Clayes
Carol Dixon
J. M. Ede
M. Fillery
J. M. Friend
Gauntlett
R. W. Gilbert
S. N. Gulamali
M. A. W. Habib
M. Hammond
Kathryn M. R. Harrison
Jane A. Jordon
C. N. Kay
C. J. Legg
Christina H. Macfarlane
W. M. Mackey
Fiona M. McLean
G. R. Manning
A. J. Marks
A. A. Matheson
N. L. Matthews
Thi Anh Thu Nguyen
Jayne A. Owen
Deborah A. H. Pacy
J. A. Pascoe
N. D. Pendrey
S. G. Perkins
S. M. Perry
A. G. Pigot
S. L. C. Pimm
A. P. J. Pini
R. B. T. Price
D. J. C. Rees
A. J. Renaut
G. D. Rickard
R. Saravanamuttu
A. E. Searle
Jane E. Sladden
J. G. Smerke
Amanda J. Smith
Gillian T. Smith
N. R. Smith
Pamela A. Sugden
G. D. Tarrant
C. D. Thomas
P. Vohra
Kathleen Warren
A. J. Watson
Deborah J. Watson
N. P. Willis
Kay L. Worrell

Part II

S. I. M. Caley
A. S. Cayley
Mignonne E. G. Davies
J. K. Farquharson
A. J. Hedger
Susan Higgs
Carole Hiscock
R. P. Ingham
P. J. Jones
P. N. Jones
Janet E. Leigh
Nichola Lolley
H. J. Longton
D. B. Patel
A. J. Patterson
T. M. L. Ramchandani
Angels Rumble
A. D. Sidi
W. R. Smithson

Part III

Anne R. Brown
R. Carter
A. S. Cayley
J. P. A. Cooper
Mignonne E. G. Davies
J. K. Farquharson
R. D. Forrest
Eldwyth M. George
I. B. Gough
C. R. Goves
J. A. S. Harrison
A. J. Hedger
Susan Higgs
R. P. Ingham
Jane A. Ingram
P. N. Jones
Janet E. Leigh
A. A. Matheson
T. D. U. Miller
C. J. Mitchell
D. G. Moran
N. J. Oscott
D. B. Patel
A. J. Patterson
C. N. Penfold
D. A. W. Puckeridge
Erica Rapaport
Sylvia R. D. Saunders
Judith C. Tranter
Brigit M. Wilmers

Part IV

J. A. Bell
Jennifer C. Bloch
M. D. Boote
J. M. Bowen
R. J. Brocklehurst
Julia L. Browne
M. J. Buckle
Christina M. B. Buckley
D. R. Burton
R. Carter
Nicola J. Charig
Annette M. Clover
J. P. Coles
F. I. Collier
M. T. Coppen
Caroline M. Daniel
M. P. Delahye
H. E. Evans
Annabel S. Gamlen
Eldwyth M. George
R. G. Hahn
J. A. S. Harrison
A. J. Hedger
S. G. Hill
Carole Hiscock
T. S. Hutchinson
Alpna Inamdar
R. L. V. Johns
P. J. Jones
S. P. Jones
S. Khan
R. S. King
Jane Lau Kwai Yook
R. W. Laws
Janet E. Leigh
R. S. Levy
S. E. Martin
D. J. Mehigan
T. D. U. Miller
D. G. Moran
P. Munford
S. L. Newell
P. A. Norton
G. M. O'Hare
N. J. Oscroft
Geraldine A. Ovens
M. R. Owen
Vivienne I. Palfrey
D. O. Parnell
A. M. Peel
C. N. Penfold
D. A. W. Puckeridge
Erica Rapaport
M. J. Rodker
R. B. Rome
J. A. Senior
M. G. Sheppard
A. D. Sidi
Ann M. Skelly
Judith A. Spencer
Barbara I. Szulc
Jane E. Taylor
N. H. Taylor
Judith C. Tranter
E. J. Whaites
G. M. Willetts
Margaret H. Wyatt
W. C. W. Yap

B.Sc. Results

M. J. Bellamy
Miss S. Cain
R. Cerio (1st)
I. Davis
L. N. Denmark
P. W. Fisher
G. R. Ford (1st)
Miss M. E. Ganczakawski (1st)
N. Hanslow
P. Inns (1st)
Miss H. C. Kinsella (1st)
T. A. Jacks
D. J. Lawton
K. J. McCoy
J. E. Masters (1st)
N. Modern
R. J. Peck
P. J. Razzell
K. A. Ritchie
D. Roach
D. Roche
M. Shinger (1st)
Miss S. P. Smith (1st)
R. J. Swingler
Miss C. Vaughan (1st)
R. H. B. Wallrey
T. F. Watson (1st)
E. F. Wheelwright

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

July 1977 Final Examination

Miss P. A. Assinder
Miss D. M. K. Britton
Miss A. E. Cameron
Miss C. M. Forward
Miss R. A. Rix
Mrs. G. Slater
Miss H. M. Sutton
Miss R. P. A. Thompson
Miss K. A. Walsh
Mrs. D. C. White (née Jones)

Part I Examinations June 1977

Miss A. J. Allen
Miss C. M. Allen
Miss E. J. Cooke
Miss A. L. R. Erro (Distinction)
Miss E. M. Friend
Miss D. M. Harrison
Miss S. D. Hooper
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Miss C. A. King
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Miss E. D. Palmer
Miss C. J. Sinclair
Miss L. J. Smith
Miss B. A. Symonds
Miss S. J. Thompson
Miss C. A. Willis
Miss H. C. Wright
Miss H. L. Wright

ENGAGEMENTS

The engagement is announced between Mr. Stephen Filby and Miss Jane Taylor.

CHANGES OF ADDRESS

Surgeon Rear Admiral (D) A. E. Cadman, CB and Mrs. Cadman, Solent House, 2 Solent Way, Alverstoke, Gosport, Hants., PO12 2NS. Tel. Gosport (07017) 86648.

Dr. and Mrs. F. N. Corfe, 10 Windsor Court, 4 Friern Barnet Lane, London, N11 3LY. Tel. 01–368 2011.

Mr. F. J. Edmonds, TD, LDS, RCS, "Ley Corner", East Lane, Everton, Lymington, Hants., SO4 0JL. (Now retired.)

Mr. D. W. Harvey, LDS, "Shearwater", Birdham Creek, Chichester, Sussex, PO20 7HL.

Mr. C. E. A. Holden, MS, FRCS, 144 Harley Street, London, W.1. Tel. 01–935 0023. (New consulting rooms.)

Mr. B. W. Pett, B.D.S., 1 Dyke Road Place, Brighton, Sussex, BN1 5LD.

PERSONAL

FIFTH PARTNER *required. Pleasant semi-*rural practice, 20 miles London. Dr. P. Read, Kent House Surgery, Station Road, Longfield, Kent. Longfield 5525. After 6 p.m. Ash Green 872451.

FLAT FOR SALE. Self-contained. 2 bedrooms, spacious living-room. Station 3 minutes walk. London Bridge 7 minutes. Recent conversion. Central heating. Pleasant road. 97-year lease. £10,000 o.n.o. Tel. 01–852 4273.

NEW ZEALAND. Centred in Ranfurly, 87 miles from Dunedin, the practice serves a widespread, low population density farming community of self-reliant and friendly people: it is lucrative, and is linked with a 6/10 appointment as medical superintendent of a 26-bed cottage hospital—fully equipped and staffed, and with a visiting consultant surgeon. A home and practice premises are provided at a nominal rental, and there would be no ongoing expenses.

DEATHS

HINE—Mr. James Burnett Hine, LDS, RCS, late R.A.F. of Crossways, Grove Mount, Ramsay died on 10th September, 1977, aged 79 years, loving husband of Noele. The funeral was held on 13th September, 1977, at Douglas crematorium.

PAPERS BY GUY'S MEN

Allen, R. J. L. Food standards and nutrition. **Proceedings of the Nutrition Society,** 1977, **36,** 91.

Amlot, P. L., Slaney, J., Toseland, P. A. *and others.* Circulating immune complexes after repeated halothane anaesthesia. **British Medical Journal,** 1977, **2,** 159.

Armstrong, D. The structure of medical education. **Medical Education,** 1977, **11,** 244.

Atherton, D. J. *and* Wells, R. S. A new teaching "laboratory" for dermatology at Guy's Hospital. ***Clinical and Experimental Dermatology,*** 1977, **2,** 121.

Braithwaite, R. A. *and others.* Unusual case of tetrahydrocannibol intoxication confirmed by radio-immunoassay. **British Medical Journal,** 1977, **2,** 166.

Brock, **Lord.** An eighteenth-century amputation scene in the men's operating theatre of old St. Thomas' Hospital. **Annals of the Royal College of Surgeons of England,** 1977, **59,** 415.

Brown, J. *and another.* Monitoring the dose of diozin. **Journal of the Royal College of General Practitioners,** 1977, **27,** 470.

Challacombe, S. J., Barkhan, P. & Lehner, T. Haematolical features and differentiation of recurrent oral ulceration. **British Journal of Oral Surgery,** 1977–78, **15,** 37.

Chapman, S. J., Day, S. & Jordon, D. *"Baby alarm" in hospital care of infants with* pertussis. (Correspondence.) **British Medical Journal,** 1977, **2,** 192.

Clark, K. G. A. Crystalloid inclusions in normal mouse macrophage. (Correspondence.) **Lancet,** 1977, **2,** 305.

Clay, A., Swain, A. *and* Trounce, J. R. The effect of quadruple chemotherapy on the peripheral blood lymphocyte populations in Hodgkin's disease. **British Journal of Clinical Pharmacology,** 1977, **4,** 475.

Cooke, G. M. & Gower, D. B. The submicrocosmal distribution in rat and boar testis of some enzymes involved in antogen and *16-androstene biosynthesis.* ***Biochemica et*** **Biophysica Acta,** 1977, **498,** 265.

Counahan, R., Heaton, J. M., Bluett, N. H., Cameron, J. S., Chantler, C. *and others.* Prognosis of Henoch-Schonlein nephritis in children. **British Medical Journal,** 1977, **2,** 11.

Crome, P. & Newman, B. Poisoning with maprotiline and mianserin. (Correspondence.) **British Medical Journal,** 1977, **2,** 260.

Crome, P., Vale, J. A., Volans, G. N., Widdo, P. B. *and* Goulding, R. Methionine in treatment of acetaminophen poisoning. (Correspondence.) **New England Journal of Medicine,** 1977, **216,** 824.

Douek, E., Clarke, G. P. *and others.* A new approach to the cochlear implant. **Proceedings of the Royal Society of Medicine,** 1977, **70,** 379.

Emslie, R. D. Controlled clinical trials in periodental diseases by general practitioners. **International Dental Journal,** 1977, **27,** 119.

Garcia-Fuentes, M., Chantler, C. & Williams, D. G. Cryoglobulinaemia in Henoch-Scholein purpura. **British Medical Journal,** 1977, **2,** 163.

Giannelli, F. DNA repair and tumours of the skin; xeroderma pigmentation as a model. **Proceedings of the Royal Society of Medicine,** 1977, **70,** 388.

Goulding, R. Hepatotoxic dose of paracetamol. (Correspondence.) **Lancet,** 1977, **2,** 358.

Hannaam, W. C. & Morris, J. G. L. Effect of stretching the patella tendon on voluntary and reflex contractions of the calf muscle in *man.* ***Experimental Neurology,*** *1977,* **55,** *405.*

Hayward, J. L. *and others.* Plasma immunoglobulin levels in patients with breast cancer. **Cancer,** 1977, **39,** 2190.

Higgins, M. and others. Diagnosing familial hypercholesterolaemia in childhood. (Correspondence.) **British Medical Journal,** 1977, **2,** 127.

Ivanyi, L. *and others.* The mitogenic, immunogenic and tolerogenic properties of dextrans and levans. Lack of correlation according to differences of molecular structure and size. **Immunology,** 1977, **33,** 261.

Jackson, K. M., Joseph, J. & Wyard, S. J. Sequential muscular contraction. **Journal of Biomechanics,** 1977, **68,** 97.

Johns, R. B. Endodontics 3: Surgical endodontics. **Dental Update,** 1977, **4,** 223.

Joheph, M. Non-invasive diagnosis of congenital heart-disease. (Correspondence.) **British Medical Journal,** 1977, **2,** 86.

Kensit, J. *and others.* Prophylactic antimicrobial drug therapy at five London teaching hospitals. **Lancet,** 1977, **1,** 1351.

Lee, T. H. *and* Rees, P. J. Hepatotoxicity and dextropropoxyphene. **British Medical Journal,** 1977, **2,** 296.

Lehner, T. Progress report. Oral ulceration and Belicet's syndrome. **Gut,** 1977, **18,** 491.

Levitt, T. Radioimmunoassay for paraquat. (Correspondence.) **Lancet,** 1977, **2,** 358.

Marwood, R. P., Ogg, C. S., Coltart, T. M. *and another.* Plasma oestrogen in a pregnancy associated with chronic haemodialysis. **British Journal of Obstetrics and Gynaecology,** 1977, **84**(8), 613.

Millman, C. K. Rationalised die location in porcelain jacket work. Its implications to the copper band impression technique. **British Medical Journal,** 1976, **140,** 389.

Millman, C. K. Solution to problems of recurring denture fractures. **Dental Update,** 1975, **2,** 269.

Mitchell, G. H., Butcher, G. A., Cohen, S. *and others.* Merozoite vaccination of douroncouli monkeys against falciparum malaria. **Lancet,** 1977, **1,** 1335.

Montgomery, S. A., Braithwaite, R. A. *and another.* Routine nortriptyline levels in treatment of depression. **British Medical Journal,** 1977, **2,** 166.

Moynahan, E. J. Pigment cells in eyes of people wtih vitiligo. (Correspondence.) **New England Journal of Medicine,** 1977, **296,** 824.

Neville, B. G. R. Epilepsy and drowning in childhood. (Correspondence.) **British Medical Journal,** 1977, **2,** 122.

Panayi, G. S. *and* Wooley, P. H. B lymphocyte alloantigens in the study of the genetic basis of rheumatoid arthritis. **Annals of Rheumatic Diseases,** 1977, **36,** 365.

Parsons, R. L., Beavis, J. P., Hossack, G. A. *and* Paddock, G. M. Plasma, bone, hip capsule, synovial and drain fluid concentrations of linomycin during total hip replacement. **British Journal of Clinical Pharmacology,** 1977, **4,** 433.

Polani, P. E., Seller, M. J. *and others.* Maternal serum-alpha-fetoprotein measurement in ante natal screening for anencepholy and spina bifida in early pregnancy. Report of UK collaborative study on alpha-fetoproteins in relation to neutral-tube defects. **Lancet,** 1977, **1,** 1323.

Ramsbottom, N., Knox, M. T. & Hunt, J. N. Gastric emptying of barium sulphate suspension compared with that of water. **Gut,** 1977, **18,** 541.

Razzell, P. & Weinman, J. The pre-clinical curriculum: an information processing problem. ***Medical Education,*** *1977,* **11,** 257.

Rees, R. J. W. *and others.* Dapsone-resistant leprosy and its implications for a leprosy control program. **Leprosy Review,** 1977, **48,** 83.

Rees, R. J. W. *and others.* Primary dapsone-resistant leprosy. **Leprosy Review,** 1977, **48,** 129.

Rowe, A. H. R. Endodontics 1: Preparing the root cancal. **Dental Update,** 1977, **4,** 201.

Sawiris, M. M. The role of anthropmetric measurements in the design of complete dentures. **Journal of Dentistry,** 1977, **5,** 141.

Saxton, H. M. *and others.* Fanety T tube simulating retained common bile duct stones. **British Medical Journal,** 1977, **2,** 498.

Scully, C. Vaccinia of the lip. **British Dental Journal,** 1977, **143,** 57.

Seed, R. F. *Diagnosis without a history.* (Correspondence.) **Hospital Update,** 1977, **6,** 365.

Shearer, M. J., McBurney, A., Barkham, P. *and another.* Effect of warfarin on the metabolism of phylloquinone (vitamin K_1): dose-response relationships in man. **Clinical Science and Molecular Medicine,** 198, **52,** 621.

Simmonds, H. A., Potter, C., Cameron, J. S. *and another.* Complete deficiency of adenine phosphoribosyltransferase. Report of a family. **New England Journal of Medicine,** 1977, **297,** 127.

Simmons, N. A. *and* Gibbs, F. J. Campylobacter enteritis. (Correspondence.) **British Medical Journal,** 1977, **2,** 264.

Webb, J. *and* MacCohrane, G. Arterial blood gases and acid-base balance. **Hospital Update,** 1977, **3,** 409.

Von Witt, R. J. How not to do it: interpretation of laboratory tests. **Hospital Update,** 1977, **3,** 471.

Wainwright, R. J., Maisey, M. N. *and* Sowton, E. Correlation of regional myocardial wall motion with regional perfusion in stable angina pectoris using dual nuclide scrintigraphy. Proceedings of the British Cardiac Society. **British Heart Journal,** 1977, **39,** No. 8.

Williamson, J. D. Health ward care. **Social Science and Medicine,** 1977, **11,** 187.

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 12 days before publication. Copy dates for the next 3 months are : 17th October, 14th November, 12th December.

Copy may be sent to us at 16, St. Thomas Street, S.E.1.

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MONTHLY 29 OCTOBER 1977 VOLUME 92 NUMBER 2275

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Dodos and Dinosaurs

They've re-discovered The Lost World, I notice. It is a humbling thought that so many of the most successful ideas of today seem to be merely repeats of brainwaves past. But so it is, and well do I remember my father's eulogising on the subject of that splendid film of Jurassic monsters and Man on an isolated plateau in—where else?—the uncharted Brazilian jungle. It was a box-office draw then and, to judge from the plethora of similar films about now, it is still. The titles are different of course, now the world is not so much lost as simply forgotten by time, but not much else has changed—although (and again I speak with the authority of one who has benefited from the discourse of that experienced connoisseur of the Silver Screen, my father) I gather that the monsters of today, and particularly the fearsome duels between them, are not a patch on the (albeit silent) originals!

As is so often the case, the original book of The Lost World is infinitely better than the film, notwithstanding the splendidly gruesome battles of the latter. For one thing, there were no women in the book—well, only one, who provided an inspiration and a spur to the hero, as is fitting, but then had the sense to retire from the main action, greatly improving the tale thereby. For another, the book includes a beautiful account of the Challenger lecture, which both starts the drama and brings me to my point.

Many factors conspired to make the lecture given by Professor Challenger memorable, but to me the most enjoyable was the picture drawn of the audience and especially of the Medical Students who attended. The narrator describes a packed Hall and an atmosphere of boisterous joviality, which he ascribes to the presence in the back seats of "the familiar medical student type" from each of "the great hospitals". The lecture proceeds and the audience becomes noisy, and finally one is left with an impression of medical students as rowdy, rollicking, good-natured, uninhibited gentlemen, with a great belief in fair-play. Subsequent excursions into later literature does little to alter this impression. The students of Richard Gordon were,

if anything, even more so. All in all, I suppose my first lecture at Guy's was something of a disappointment. Not only did the lecturer *not* invite us to journey into the Brazilian jungle, but the students seemed, well, almost normal! However, secure in my belief in the printed word, I persevered. Sir Arthur, I thought, must have known. My faith was rewarded. After a few weeks at the Hospital, I discovered that medical students, as people in general, never really change, and the Edwardians had nothing that we couldn't have.

Of course, even as titles of films have changed, medical and dental education has modified slightly during the milennia. There are *some* differences between the students of yesterday and today. One most obvious example is the change in composition of the student body. This is most suitably mentioned here, for this year, surely itself to be remembered as the year in which we remembered (and celebrated the remembrance of) most other years, sees not only H.M.'s Silver Jubilee and the centenary of New Cross, but it is also precisely one hundred years since women were first accepted as regular medical students, with the opening of the Royal Free Hospital for lady students. A centenary, by the way, which seems to me to have gone by with surprisingly little recognition—especially in view of the current passion for reminiscing, which seems almost as great a pleasure to the British nation as the viewing of films of dinosaurs! Mind you, as Guy's people, we could hardly be expected to make much of the hundredth birthday of someone else's vagaries. Guy's held out against the threat much longer and did not open its hallowed doors to the female of the species until 1947. Stout fella—but even we had to succumb in the end.

Of this year's intake, 30% of the medical and 53% of the dental Freshers are women.

So change does come even to the most traditional of hospitals, and that it comes but slowly is far from being wrong. Changes in attitudes to and techniques of training have a way of being very permanent for the people affected by them, even, and perhaps especially, if the change itself is evanescent.

Nevertheless, we must realise that even if people change but little, the times in which they live alter dramatically and apparently at an ever-increasing rate. Change therefore becomes not merely desirable, but inevitable, yet still it should always be introduced with caution and never merely for its own sake.

Let us learn from the dinosaurs. Revolution and inflexibility, the two extremes, killed them. Perhaps adaptability could have led to their survival. Fortunately, Guy's has a happy combination of a deep sense of tradition with a sense of adventure—a tradition of experimentation perhaps describes it best. I hope the *Gazette* has it too.

We are now some three weeks into the academic year and the "new" students are truly "new" no more. But this edition of the *Gazette* is the Fresher's Edition and includes words of greeting and introduction to them which we hope all our readers will enjoy. There can be little for us to add except in introducing the *Gazette* itself, and I hope our regular readers will bear with me for this.

As members of this Hospital, the *Gazette* is your Journal. While you are students here—in whatever branch of health care you are studying—it is a student journal for you. It is your support that will keep it interesting, your ideas that will fill, shape and change its pages. But it is something

more than just another student paper. We hope to carry information and articles of interest to (and from) all the professional people of the Hospital. And when you leave Guy's, take the *Gazette* with you and so keep in touch with the friends and colleagues you meet here and with the Hospital itself that you will come to know.

With you writing it, the *Gazette* will never be reduced to just a word on a page or an animated model on a silver screen. The dinosaurs, lacking an efficient system of communication, are extinct. Anyone want to be a dinosaur?

KEEP IN TOUCH!

NEWS IN BRIEF

Professor Sir Cyril A. Clarke

Congratulations to Professor Sir Cyril Clarke, F.R.S., who has been awarded a Gairdner Foundation International Award of 1977. Professor Clarke, who first qualified at Guy's in 1932, is currently at the Nuffield Unit of Medical Genetics of Liverpool University and the award is in recognition of his work in the field of genetics. One of his interests has been the relationships of human blood groups and disease and it was he who, with his team at Liverpool, was the first to produce evidence for the prophylactic use of anti-Rh immunoglobulin in Rhesus-negative mothers just delivered of Rhesus-positive babies (1961). The impact of this work need hardly be emphasised here.

New Bug

Congratulations to Mr. André Hedger, a student dentist at Guy's and part-time entomologist, who has discovered a completely new and unexpected species of British butterfly living in Surrey. Known to bug-hunters as *Arethusana arethusa arethusa* (Denis and Schiffermüller) and to others as the False Grayling, the insect is dingy brown and is an inhabitant of continental climes. Dr. Carter of the British Museum has called it a "remarkable discovery". Details have been published in the *Entomologist's Gazette*, and the specimen now resides in the National Collection. Another first for Guy's!

Dr. B. D. W. Harrison

Dr. B. D. W. Harrison (Guy's 1968), Lecturer in Thoracic & General Medicine, the Middlesex Hospital has been appointed Consultant Physician in General & Thoracic Medicine to the Norfolk & Norwich Hospital. We offer him our congratulations.

Thomas Vicary Lecture

Dr. A. Batty Shaw, a Guy's man and physician to the Norfolk and Norwich Hospital, was invited to deliver this year's Thomas Vicary Lecture. He called his talk *"Sir Thomas Browne—the man and the physician"* and delivered it at the Royal College of Surgeons, Lincoln's Inn Fields on Wednesday, 26th October, 1977. A most successful occasion.

Dean Retires

Professor K. P. Liddelow, a Guy's man who qualified in 1938, has just retired as Dean of Dental Studies at King's College Hospital Medical School. Professor Liddelow is currently Dean of the Faculty of Dental Surgery of the Royal College of Surgeons of England.

Destructive thieves

On the night of Wednesday, 5th October thieves broke into offices in Mollison House, part of the Medical School, forcing open desks and filing cabinets and stealing petty cash. Considerable damage was done to doors and office furniture. Mrs. Bessie Higgins, secretary to the Units of Sociology and Psychology, whose office was raided, said that the raid was disgusting. Far more damage was done to property than the value of the cash stolen. She warns other Medical School Staff to beware of further raids. Security staff and police are investigating. This follows thefts of research tapes from the Tower which occurred last month.

1938 Dentists Reunion Proposal

It is proposed to hold a reunion of those who qualified in 1938 at the Annual Dental Society Dinner in March, 1978.

Should the response be satisfactory a table will be reserved.

Please contact Montagu Malleson, Floor 20 Guy's Tower, Guy's Hospital, S.E.1 as soon as possible.

Farewell East Wing?

The East Wing of Guy's House has been named Boland House. This recommendation from the School Council and the Medical Committee Executive has been approved by the School Governors and the District Management Team of the Hospital, to perpetuate Sir Rowan Boland's name at Guy's.

Extracting the Urine

After their traditional welcome from the Dean the Freshers were met by a certain "laboratory representative", who, with tremendous panache, instructed them to deliver urine specimens to the Medical School Office by 10 a.m. the next morning. He explained that due to an unfortunate labelling error their previous samples had become muddled. The Medical School Office was inundated with a superb array of specimens in containers ranging from corked milk bottles to film cannisters. There's no truth in the rumour that the well known restaurateur Mr. K. Spetsia or his brother Signor P. Steak were involved.

Gazette Editorial Staff Appeal

It has been suggested that it might be possible, and would certainly be enjoyable, to arrange a social evening, perhaps a dinner, for an association of past editorial staff of the *Gazette*. Unfortunately, our records have proved surprisingly incomplete and we would therefore like to hear from all former editors, assistant editors and the like, so as to be able to compile a full list. We would especially like to hear from those who would be interested in forming a reunion group and/or coming to a reunion dinner. Please write to the current editor, *Guy's Hospital Gazette*, 16, St. Thomas Street, London, SE1 9RT.

Guy's Cookery Book

The Friends of Guy's have published a special cookery book with 270 personally-tried recipes. Copies of the book, which would make an original Christmas present, are available from the Friends at 16, St. Thomas Street, price £1.00 plus 20p postage and packing.

The Army pays medical students £2,636* a year. Obviously there are strings.

*Including £442 p.a. supplement.

The first is, you must be under 25, with a place at a British medical school.

You'll also need to have passed your second MB or equivalent and a tough Army selection board.

But you'll get £2,636 to continue your normal medical studies. And £4,429 during your pre-registration period.

After that, it's five years in the Army.

You start as a Captain on £6,517. And you'll have the same postgraduate training facilities as in civilian life.

Of course, you'll have to get through Officer training at Sandhurst, and that includes the assault course.

But you'll emerge a lot fitter and, more importantly, a lot more confident about your role as an Army Officer.

However, your training doesn't stop there.

Next, we send you to Aldershot for field training and a run down on what the RAMC does. Then on to Millbank for a short course on the military aspects of the medical and surgical specialties.

After that, it's up to you.

We make you Medical Officer to a Regiment. Which includes looking after the soldiers and their families, rather like a busy G.P.

Of course, you'll have to travel.

Probably to Germany and Ulster. And possibly even Cyprus and Hong Kong.

Finally you might be worried about continuing your career once you leave the Army.

A tax-free gratuity of £1,400–£2,600 should get you off the ground. (The difference depends on how long we pay you as a cadet.)

If you'd like more information, or if you are already qualified and would like to know more about Short Service Commissions and our Vocational Training Scheme for General Practice (approved by the joint committee of postgraduate training for General Practice) write to Brigadier (Retd) John J. Voller, MRCS, LRCP, FFARCS, (Dept M22), Regimental Headquarters RAMC, Royal Army Medical College, Millbank, London SW1 4RJ.
(Telephone 01-834 9060 ext. 342.)

RAMC Officer

Dates from the Medical Diary

Friday, 11th November: Applications for Ian Howat Memorial Prize and Drapers' Company Award (offering financial assistance for electives) should reach the Dean today.

Monday, 21st November: Entries close for Final Conjoint Examination (to begin Monday, 19th December).

Monday, 28th November: Final M.B. Cambridge. M.B., B.S. (Revised Regulations).

Please note, all students with B.Sc. degrees from Guy's who are going on electives this winter—entry forms for M.B., B.S. Finals to start 12th April, 1978, must be completed before you leave. Entries close before you return!

Dates from the Dental Diary

Monday, 21st November: Third B.D.S. Examination. Parts I, II, III, IV and V begins.

Monday, 28th November: Second B.D.S. Examination may begin this week.

Monday, 5th December: Applications close for the Final L.D.S. Examination, Parts I and III.

Firework Party

Rugby Club Fireworks Night—Bangers, Barbecue and Disco—at H.O.P. on Wednesday, 2nd November. Starts about 7.30 p.m. Tickets will be on sale in the Colonnade during the previous week.

Elrag

For the first time in twenty-five years, Guy's is joining a rag week, the main aim of which is to raise money for charity. The proceeds are destined for Dr. Barnados and the Paediatric Unit, the balance to go to Charterhouse-in-Southwark, the Blackfriars Settlement and Brook Place.

Events

2.30 p.m., 29th October
Procession of floats from Bancroft Road, E.1, to London Bridge Station. Disco in the Ballroom of the East Wing.

8.00 p.m., 29th October
Disco in the Ballroom of the East Wing.

2.30 p.m., 30th October
Sponsored Bridge Walk, Battersea Park to Tower Bridge.

8.00 p.m., 30th October
Disco at City of London Polytechnic, 102-5 Whitechapel High Street.

12.30 — 1.45 p.m. 31st October
Bar in the East Wing opening.

1.00 p.m., 1st November
Jumble Sale in the Ballroom, East Wing.

8 p.m., 2nd November
Rugby Club's Fireworks Party at Honor Oak Park.

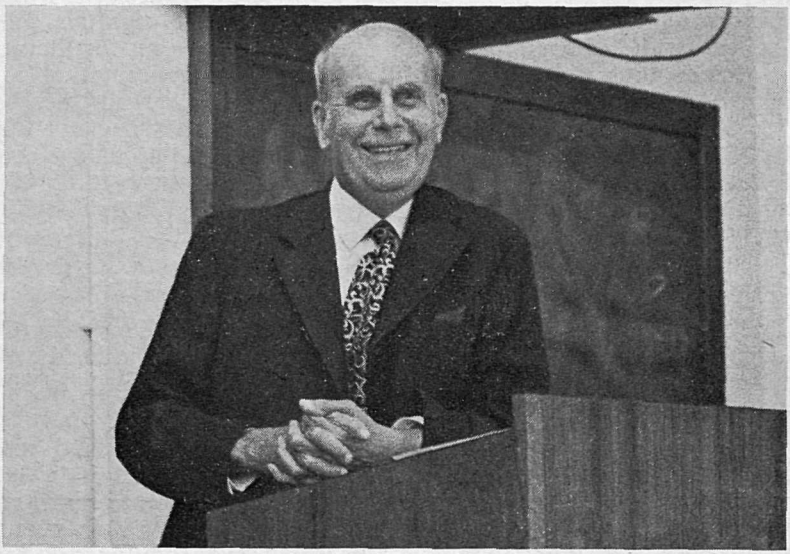
12.30 p.m., 3rd November
Charity Lunch in the Ballroom, East Wing, with a Jazz Group.

4th November
Street Collection for Dr. Barnados in the area.

8.30 p.m., 5th November
Rag Ball at Queen Mary College. Tickets on sale in advance in the East Wing.

PROFESSOR G. A. D. HASLEWOOD

Professor Haslewood, head of the Biochemistry Department of the Medical School, retired last month. He will be greatly missed by the School, the Hospital, the Gazette and the students, for whom he made Biochemistry live.



When Guy's men and women get together anywhere in the world they are apt to exchange memories of the "characters" whose colour, learning, teaching and personality relieved the more humdrum routine of their years at the School and Hospital. Only a handful ever leave indelible impressions, but Geoffrey Haslewood is—and will long be—one of these. Given to banter and insincerity—for the sake of argument—his affable interest in gregarious diversion and veneer of support for the "left" disestablishment and agnosticism concealed a personality whose strength rested squarely on absolute integrity and a deep concern for people, especially the young. He was indeed "a character".

He paraded as a rebel, was as rumbustious as the famous Pembrey at Committee, lambasting fumbling ignorance or stupidity and lauding informed argument, smiling at Churchillian understatement or debunking the mighty. "Absolute nonsense, dear boy" he would cry, always with that warm smile; no one could dislike this sort of man for long. By instant recognition of logic and reason or of real ability, and equally rapid detection of "bull", pomposity or phoney argument, he was able to "classify" anyone from the Prime Minister of the day to the latest research student in a vignette of clarity and decision that seldom erred. It was some time before Guy's took to this strong and independent character, so unafraid of criticising anything that deserved it (in his view), but his concern for Guy's, its standards of teaching and research shone so strong that no one could resist for long. His staff loved him: he was paterfamilias to them and worked with them.

Geoffrey Haslewood was the *core sui generis* of lunch conversation in the School Common Room, prodding friend and political or religious antagonist alike with goadings that kept the table alight with laughter and stimulating everyone. Women, especially beautiful women, he admired; never sly in his life, he'd say openly "She's a smasher—a real beauty, isn't she?" And he married one, his delightful Bethy who came from Australia and who is quite obviously the big joy in his life—even more than fishing in a cold south westerly off Shoreham beach. She handles him with quiet skill —and affection.

Nothing can abate the roaring *vis a tergo* that will urge this delightful man to the day he dies. He nearly did some years ago—but for the skills of Grant Massie and the characteristic devotion of the remarkable Sister Falwasser. The event completely changed his attitude towards the Hospital staff: he suddenly understood their problems and if they had not time for original thought or research he could now see why. He became a complete Guy's man and now believes the Hospital and School second to none. Come to think of it, that's exactly what he was himself. We shall miss him, especially at Committee—and lunch.

Keith Simpson.

Professor Haslewood graduated in Chemistry from University College and came to Guy's from Hammersmith in 1939, as Reader in the Physiology Department. He was appointed to the Chair in Biochemistry in 1949, as Head of the Department.

His scientific career really took off in the post-war period when he decided to follow up some pre-war Japanese work which indicated differences in the steroidal components of the biles of different animal species. He undertook, mainly on his own, as complete a survey as possible of vertebrate biles. This mammoth work, for which he is rightly world famous, has involved some very difficult chemistry elucidating the small differences in hydroxylation pattern and conformation between closely similar bile salt molecules. The work, involving the discovery and total analysis of many hitherto unknown compounds, clearly demonstrates that bile salts have evolved in a fashion closely parallelling that of the evolutionary tree. He brought to his scientific work the same integrity and honesty that characterised his everyday dealings. Nothing was published until it had passed his most rigorous scrutiny and was backed by unequivocal experimental evidence. For this reason none of his findings has ever been challenged and such is his reputation and stature that no serious meeting of "bileologists" could possibly be held in his absence.

He has been helped in his scientific work by three things other than a very select group of Ph.D. students over the years. Firstly, since his plumbing was altered in 1951, he has enjoyed remarkably good health. Secondly, the administrative load normally carried by Head of Departments was considerably lightened by the cooperation of his colleagues which enabled him to devote long periods to working at his bench. Indeed there can be very few Professors in this or any other University who have insisted on carrying out their research work themselves rather than heading some amorphous "group". Thirdly, and this is in no way intended to detract from what has been said above, he was lucky enough to be endowed with the chemical equivalent of green fingers.

A. R. Tammar.

OBITUARIES

MRS. MARGARET (PEGGY) COLEMAN

The Friends of Guy's Hospital and the Hospital have suffered a severe loss in the sudden and untimely death of Margaret Coleman, known to her many friends as Peggy. She died, as she would have wished, whilst working in her garden on Saturday, 1st October, 1977.

She was engaged as a Lady Clerk/Typist by the Guild of Ex-Patients and Friends and started work in this capacity on Monday, 30th September, 1957.

On the amalgamation of The Guild with the Ladies' Association in 1972 the Friends of Guy's was formed and Peggy was appointed Secretary.

For twenty years she served the hospital with the utmost devotion and loyalty, never sparing herself in the best interest of Guy's. Her knowledge and experience were vast and she will be sorely missed by all connected with the Hospital.

She leaves two sons, Roger and Michael, her daughters-in-law, Pauline and Linda and two grandchildren, to whom we extend our deepest and heartfelt sympathy.

Lydia Frank.

DR. JOHN HEIGHWAY CHITTY

Guy's men of the middle twenties will be saddened to learn of the death at Oswestry Hospital on 18th August, 1977, of John Chitty in his seventy-eighth year.

Born of an old Shropshire Border family, Chitty was educated at Winchester and New College, Oxford, where he was a scholar of both.

He served in two World Wars. In between, he read "Greats" at Oxford, came to Guy's in 1923 to qualify three years later. He then worked as a medical missionary in the Transvaal and later as a G.P. in Didcot. After the Second World War he returned to general practice, this time in Wales, but he still hankered back to Theology and in 1959 he ceased practice to enable him to prepare for the priesthood. A year later he was ordained priest being appointed curate at Llanrhaeadr, which appointment he held for three years and at times combined both medical and pastoral duties.

In October 1963 the African Missionary Field claimed him again and he went to work at St. Cuthbert's Mission, Trans Kie and at St. Lucy's Hospital (on that Mission) as a medical missionary and priest—a period of fourteen years — until this year when he moved to Unizin Kulu Hospital, Trans Kei where he was a Chaplain. However, Eyesight and General Health were failing and eventually compelled him to return to England, to spend the last few weeks of his life. He worked like a Trojan in the Mission Hospital and his clinical judgement and acumen were first class, a credit to the land of his birth and his training school. The reverence and respect in which he was held by European and Kaosa alike was obvious for one and all to see.

John Chitty will be honoured and remembered as a fine doctor, a beloved priest, and a truly Christian gentleman.

J.H.M.L.

WELCOME TO GUY'S!

MESSAGE FROM THE DEAN

Although those of us who have been around Guy's for a few years tend to deplore some features of the present scene and to regret the passing of others, nevertheless I feel sure that in due course students now entering the Medical and Dental Schools, like the vast majority of their predecessors, will come to look back on their acceptance to study here as one of the happiest events of their lives. It is a pleasure to welcome them to the Guy's fold, confident that they will find this a pleasant and friendly place in which to spend their student years.

They will also enjoy the inestimable privilege of starting a lifetime's work of unfailing interest and satisfaction. This is of course a trite remark, but I make it without apology. An unhappy aspect of life today is that publicity is given almost exclusively to the sensational, and usually to the sensationally bad, so that we are all very familiar with such items as the doctor's declining status in society and how badly his earnings compare with those of colleagues in other developed countries. I do not deny the importance of these matters; my point is simply that an outside observer might fail to realise that the great majority of doctors and dentists continue to enjoy their work very much. Life confers few greater blessings.

Those entering the Medical School are fortunate in being able to profit from the experience of the first two batches of students to take the new B.M.S. course, which has been improved in consequence and will provide them with an excellent scientific basis for their subsequent clinical work. Dental students will enjoy the facilities of the newest (and highest) Dental School and Hospital in the country.

I wish them all happy and successful careers.

J. C. Houston.

FROM THE DEAN OF DENTAL STUDIES

For most of you, life at Guy's will be a complete change. At first sight the pre-clinical classrooms and the laboratories may seem little different from school, but soon you will realise that as undergraduate students you have much greater freedom to plan your own pattern of study and leisure activities. Guy's has a great deal to offer with a large variety of scientific societies and sports and recreational clubs, but these are only as good as their members make them. It is up to you to ensure, by enthusiastic involvement, that the organisations you support are worth while.

As dental students you all are members of Guy's Dental Society. The programme of fortnightly lectures may have a mainly clinical flavour but pre-clinical students are encouraged to attend these meetings. To begin with the terminology of clinical dentistry will be foreign and largely unintelligible but the contact with students in more senior years and an appreciation of the magnificent facilities of the lecture theatre, and indeed of the whole of the Dental School in Guy's Tower, should whet your appetite for what is to come.

The undergraduate period should be the happiest time of your life, but should not be entirely carefree, for as dental students you soon will have the responsibility of caring for patients. This is a privilege and their welfare must

be given priority. It may be wise to reflect that during the whole of your future professional career the main criterion on which you will be judged is your ability to gain and maintain the respect and trust of your patients. Thus habits and attitudes developed during these formative years are of the greatest importance. A student who frequently is late, or fails to appear for appointments with patients is not only giving Guy's a bad name and providing immediate problems for his colleagues and the staff, but is likely, if he does eventually qualify, to prove a disorganised and inefficient dentist

Finally you should remember that the teaching staff are here to help you at all stages of your course. They are keen to answer your questions, attempt to solve your problems and discuss your ideas. Therefore, you should always feel able to approach your teachers; it is only in this way that the splendid staff-student relationships which have long been a feature of the Guy's tradition will be maintained.

I welcome you to Guy's and wish you well.

R. D. Emslie.

FROM PROFESSOR WARWICK

Dear Freshers,

Annually, the Editor/Editress of the "Gazette" extracts from some of us a few words of welcome, or wisdom, for your benefit; and we are expected to be perennially "fresh", however much we may feel that we have already exhausted every topic years ago, as you can easily ascertain by looking up previous October issues. And yet, there *is* something particularly refreshing for us every October, and almost everyone looks forward to the new arrivals—You! In the words of a very wise and much travelled man—who was my own first chief in my salad days as a tyro anatomist: "He who chooses . . . the teaching of medical students has one great privilege. Every year . . . his occupation and his interests are concerned with youth." The truth of this advantage becomes more certain to me as year follows year, each bringing many new and interesting minds—and friends. This meeting of minds is perhaps the greatest opportunity in university life. Of course, we both have work to do, both you and we who await you—the tasks of teaching and learning, the tutorials, tests, examinations and the like. *You* have much new knowledge—and new thinking—to embrace! and *we* must keep abreast of your searchings and questions. For it is our task to help you—to help yourselves. There can be no profit from our teaching without the effort of your learning. Yet "effort" is a sorry word to use. Say rather that you have come to join us in the exploration of a great continent of discovery, much luminously charted, much enticingly unknown, and all exciting, except to bores and duffers! And we are doubly in privilege, both we and you: not only may we enjoy this community of minds, but we may also enjoy it thankfully and with a free conscience. It is the portal to a profession which, despite selfish strikes and non-productive bureaucratic excesses, and despite the general improvident greed and sloth of the late 20th century is still a "noble" calling, still humanely charitable in the skilful application of knowledge and intelligence. We cannot doubt your intelligence, for you are here; humanity should be yours and ours already, or it is almost too late; knowledge you must now seek and take. It is yours for the taking. Go to it and your welcome is certain.

Roger Warwick,
Department of Anatomy.

NEW LOOK BIOCHEMISTRY

From October the Department of Biochemistry and Chemistry has a new Professor. He is A. T. Diplock, formerly Reader at the Royal Free Hospital Medical School, an old friend of Guy's who took his Ph.D. under the supervision of the retired Professor. After quite a long experience in industry, he turned to academic life. At the Royal Free he acted as the students' adviser for personal problems, at the request of the Students' Union. He is thus well acquainted with the commercial "real" world and also has experience and sympathy to offer to those students who might wish to consult him. Of course this last is also true of most members of Guy's teaching staff, whose attitude to students is one of affection and understanding.

Biochemistry is traditionally a difficult subject for many, if not most, medical and dental students. The trouble seems to be that these students, like many biologists, find it hard to visualise molecules and their reactions; indeed a distinguished Guy's pathologist once told me when I showed him a scale model of a molecule that that was the first time that chemistry had ever meant anything to him. Your teachers at Guy's know all this and continually alter the course to try to present the science as simply and attractively as possible without failing in their obligation to equip doctors and dentists for later professional life. The course to be presented now, especially to medical students, is totally re-constituted and somewhat experimental: as scientists your teachers will want to know how it succeeds and how you feel about it, so that they will welcome your comments at any time. No subject, except perhaps love, is more hotly debated than education and it has been said that the medical profession has a serious neurosis about what its entrants should be taught. Certainly discussions about the curriculum are a nightmare to most teachers. You will find the mix at Guy's to be unique. However, every new student almost certainly has the ability to pass all the exams first time and very few indeed will fail to qualify. So be reassured; try not to fall in love with a night-club singer and if you should be so afflicted, do not let her (or him) interfere too much with your work.

To be young and a student in London is a great thing: enjoy it fully, adding to your happiness the feeling that you're coping with the stages of entry to your chosen profession.

G. A. D. Haslewood.

THE PHYSIOLOGY DEPARTMENT

The academic staff of the physiology Department consists of eight full time and two part-time members, all of whom are medically or dentally qualified. Between them they share the teaching of the medical and dental students.

Fields of research covered in the Department are carbohydrate metabolism, physiology of the nervous system, oral physiology and control of respiration. A number of research projects are carried out in conjunction with colleagues in other clinical or preclinical departments. Thus in its research activities the Physiology Department is not a mono-culture. This is an advantage in teaching as there are specialists in several fields who can assist in the discussion of controversial questions.

In the teaching, as well as learning, the essential facts in physiology, emphasis is also put on the following points:

(a) How to interpret physiological data, and
(b) How to gain an understanding of physiological mechanisms.

After paying you £2,636 a year as a student, the last thing we'll give you is a dull job.

The Royal Navy is looking for a few, a very few, Naval Dental Cadets.

If you have a 2nd BDS (or equivalent), and you can pass our interview board, we will pay you £2,636 a year as a student.

And on qualifying, you'll start a 5-year Short Service Commission as a Dental Officer.

To tell you in advance exactly how you would spend your 5 years is one thing we can't do.

Because we try to keep the system as flexible as possible, to fit in with our needs and your own wishes.

But we can give you an idea of some of the opportunities. You could spend two years in a ship at sea, which is equipped with a surgery with all the equipment that you'd find on shore.

Or you could spend a series of short periods moving from one ship to another.

In that case, you might well expect to be winched from ship to ship by helicopter.

And you'd have with you a complete, portable dental surgery.

Part of your time, you'll certainly spend on shore. (In fact, one of our Dental Officers has chosen to spend the whole 5 years on shore.)

So you might have a couple of years at a Naval establishment, which could be a training establishment, where you'll be treating young sailors. Or a NATO base, where you'll be looking after anyone from ratings to admirals. We also have a flying squad, all volunteers, mostly young and unmarried.

They're ready to down drills at any moment and take off for a spell at a different Naval shore base or in a ship wherever she may be.

The principle is that we take dentistry to the patient. You don't have to wait for him to come to you.

And, basically, your job is to see that the Royal Navy's sailors and officers are fit enough to do their job. Given that, you'll have the same clinical freedom, the same equipment and the same materials as you'd find on shore.

The dentistry, however, is only part of the job.

You'll also be a Naval Officer.

When you're at sea, you'll be part of the team of Officers who are responsible for running every aspect of the ship.

You'll be able to enjoy the sports and social facilities which the Royal Navy offers.

Which leaves the question of pay.

Immediately after you qualify, your salary will be £6,517.

And at the end of your 5-year Commission, you'll leave with a gratuity.

Or you can apply for a Full Career Commission or a 16-year pensionable Commission.

If you'd like to know more, write giving details of your age and qualifications to: **Surgeon Captain (D) F.R.B. Mathias, RN, (26GS), Room 314, Empress State Building, Fulham, London SW6 1TR.**

To provide ample opportunity for discussion, most of the teaching, in both tutorials and in practical classes, takes place in small groups. The small group teaching is supplemented by either one or two lectures per week which concentrate on conceptually difficult aspects of physiology. These are *not* alternatives to reading text books.

Following the B.M.S. or 2nd B.D.S. examinations, some students are offered a place to study for an honours B.Sc. The B.Sc. projects are related to the research interests current in the department. There are also a varying number of postgraduate students working for higher degrees.

W. Hamann.

THE DEPARTMENT OF PHARMACOLOGY

This introduction of the teaching of pharmacology at Guy's provides a good opportunity to welcome new students to the Medical and Dental Schools. The pharmacologists and clinical pharmacologists are fortunate in coming in contact with students from their first days and continuing the association until the final examinations. Even beyond this, practising doctors and dentists have come to realise the awful truth about modern drugs—which is that many of them are highly potent modifiers of cell function. This means that although they can significantly influence disease states, they may also produce serious toxic effects.

Perhaps one of the most important aims of the pharmacology and therapeutics courses at Guy's is to correlate the molecular aspects of drug action with clinical importance of this in medical practice. Because the term drug includes any chemical which can alter cell function, the range of substances which practitioners currently use is astonishing. Similarly the implications to man of the effects of a single drug are sometimes remarkably broad. Alcohol, for example, has not only been used in treatment (to dilate arteries) and prevention of disease (by sterilising the skin) but the many diseases caused by alcohol may have medical, surgical, paediatric, psychiatric, genetic and sociological aspects.

Perhaps the neatest way of summing this up is by defining pharmacology as how small molecules do big things.

Roy Spector.

PSYCHOLOGY COURSE

A former notorious colleague of mine assured himself of a great deal of social excitement and subsequent sleep loss at parties by wearing a badge bearing the words, "I am a psychologist, please lie down". It may therefore come as something of a shock to reveal that this image of psychology as something to do with "reading peoples' minds" while they recline on couches is the stuff of 1930's American "B" films rather than of present day reality. Psychology is now very much an experimental science and is concerned with understanding human behaviour from the way we think, perceive, feel and remember to the way we respond to changes in social and physical environments. As such it is inextricably bound up with the practice of medicine.

The main aims of the B.M.S. course are to cover areas of psychology as related to medicine and part of this involves the discussion of psychological aspects of such topics as stress, hospitalisation, doctor-patient communication and ageing. Part of the course also deals with a number of basic psychological processes such as perception, memory and emotion as well as considering the nature of individual differences. This not only provides a basis for many of the applied clinical areas but is also intended to integrate with other pre-clinical courses. There is also some emphasis placed on

developing communication skills and this is mainly done in conjunction with the B.M.S. clinical course in a series of small group sessions in which students are given the opportunity to interview patients in a local Health Centre.

In a relatively short course it is not possible or desirable to give a comprehensive coverage of all the basic areas in psychology. The underlying teaching philosophy is therefore to engender and increase an awareness of psychological aspects of medicine. This is not only directed towards areas of clinical medicine such as geriatrics, paediatrics, psychiatry and neurology where changes in psychological functions typically occur but also towards the whole of medicine by stressing the fundamental importance of adopting an empathic and insightful approach to all patients.

John Weinman,

UNIT OF SOCIOLOGY AS APPLIED TO MEDICINE

The Unit of Sociology is a relatively recent addition to Guy's following the decision to teach behavioural science to medical students. The Unit consists of one lecturer.

The sociology course for medical students is in the sixth pre-clinical term. Half of the teaching time of 40 hours is devoted to a lecture course, the other half to small group seminars. The lectures cover the contribution of sociology to medicine; in particular they deal with patients' behaviour as related to their illnesses, the social role of the doctors and the structure and functioning of the health service. The seminars cover less didactic areas, requiring discussion, such as the nature of disease and the changing rôle of medicine in modern society. Emphasis during the course is placed on an understanding of issues, which are often controversial, rather than on memorising facts and this is reflected in the examination, half of which consists of an essay completed during the summer term.

Sociology also makes a contribution to the interview training at Thamesmead in the fifth pre-clinical term, to the community medicine firm in the second clinical year and, a recent innovation, a small contribution to the pre-clinical dental course. The possibility of taking an intercalated B.Sc. in medical sociology is offered to students completing their pre-clinical studies: the degree is run on an intercollegiate basis and various course options are offered by different Schools of the University.

David Armstrong.

PATHOLOGY

During the first year at Medical School, students learn the normal anatomy, physiology and biochemistry of cells and tissues. I like to consider this phase as the prelude to pathology which students first encounter during the second year of the Basic Medical Science Course. Pathology represents the central core of medicine in that by definition it is the "study of disease processes". Histopathology is the central theme of pathology and is concerned with the abnormal cells, tissues and organs which arise during the course of the vast range of disease states which man (or should I say person) is heir to. Several specialised components (or variations) of pathology are now regarded as subjects in their own right. Thus, students will encounter short bursts of fire from the haematologists, immunologists, microbiologists, chemical pathologists and forensic pathologists at various times during their

medical course. Initial exposure to most aspects of pathology occurs during the second year of the Basic Medical Science Course. The basic themes are developed further during the main Block Course in pathology during the second clinical year. A B.Sc. in pathology can be taken by students who wish to spend their third year studying some aspects of pathology in depth, provided they are academically suitable. The range of pathological information in modern medicine is staggering and total comprehension of the subject seems to be beyond the capacity of one human mind. However, provided that the student works towards an understanding of the relatively few basic pathological processes, he can obtain for himself an excellent basis for his clinical studies, both at medical school and medicine thereafter.

David R. Turner,

CLUBS' UNION NEWS

The term "Fresher" is an interesting generic name, which many new students do not find terribly flattering. The question is, how long does one remain "A Fresher"? Some people regard all 1st year students as "Freshers" until the next group of new students arrive in the following October. Of course most of us know better than that (I hope!). By now, even after only three weeks or so at Guy's most of you will feel that you do belong here (even perhaps own the place!), and will have seen much of what the Union has to offer. It would therefore be totally irrelevant and superfluous if I now write all about the Union's facilities and the constituent clubs of the Union (again!).

One of the most important activties of the Union is to represent all the students and to try and look after their best interests. In this field it has been likened to a cricket "box"—when the bowling is nice and gentle the need is not very great, but when the balls are coming down at 90 m.p.h. you are very glad you have got one.

Unfortunately, the average student does not take a great interest in the Union's representative rôle, and this in turn makes it harder for the Union to represent its members. Below I attempt to explain how the Union does carry out this role, in the hope that this will help you to realise its importance.

The supreme body of the Union is the Union General Meeting. Here Union policy is decided, and the meeting can instruct the Union Council or any other Union committees to carry out any actions it may wish (within reason) them to do. All Union members are entitled to speak and vote at General Meetings, and so it is important for you to be there. If you don't like something, then the General Meeting is the place to which to bring it.

Below the General Meeting is Union Council. This is the executive body of the Union and is responsible for the day-to-day running of the Union, for carrying out the wishes of General Meetings, and for representing all the students to the Medical and Dental Schools, to U.L.U., etc. There are also sub-committees of Council which look after the Bar, Entertainments, Union finance, sports clubs and sports ground, and the Book Exchange.

As well as all these committees, there is the Student Medical Education Committee (S.M.E.C.) and the Dental Society. These represent students on matters relating to the medical and dental courses respectively. Thus if you are not happy about something in your course you should take it up with them in the first instance. Unfortunately, the relationship between these

committees and the Union at present is at best confused, and at worst is non-existent. However we are looking at ways of improving this.

Many issues which students are concerned about cannot be dealt with purely on a local level. A classic example of this is the issue of shortage of jobs for doctors about which I will say more later. The need for Unions to get together to try and solve a problem is then apparent. As you will be aware, at present we are not affiliated to the National Union of Students, which severely hampers us in taking an active part in these issues. We do however take an active part at the University of London Union, which involves all Colleges of the University. There are three U.L.U. committees which are of main interest. These are the Student Representative Council (U.L.U. S.R.C.) which comprises representatives from all colleges within U.L.U., this is the students voice within the University (the Chairman and President sitting in Senate); the Medical Group, which consists of representatives from all the Medical School; and the Dental Group, which we have just got started.

Probably the most important issue to have come up in the last year is that concerning pre-registrations jobs. There is a brief *résumé* of this situation below; firstly because it is important that you all know what is going on, and secondly because it might give you some idea how the system works.

Basically the situation is this. As you will probably know, once a doctor qualifies, he must do a "pre-registration year" working in a hospital before he can register with the General Medical Council. The government has over the past few years been expanding the number of medical students qualifying, while not making any corresponding increase in the number of pre-registration jobs. Consequently within the next couple of years or so there won't be enough jobs to go round, or as the newspapers prefer to put it there will be "Doctors on the Dole", unless something is done about it quickly.

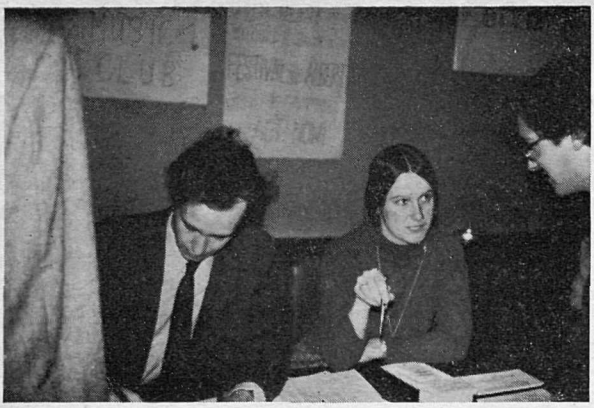
As it happens, Guy's is not quite as badly off for jobs as some colleges in the short term, but in the long term a serious national shortage of jobs will develop affecting all Colleges. Largely through the efforts of U.L.U. Medical Group and N.U.S. (Health Sector), in making everyone aware of the problem by producing documents and press statements etc. on the issue; there seems to be a much greater awareness of the issue, and people are very seriously looking at ways of avoiding the crisis. A meeting with Mr. David Ennals is being arranged for Student Representatives from U.L.U. and N.U.S. by Bob Mellish, Guy's local M.P., and we hope to get some assurances about the number of jobs available. As well as this U.L.U. and N.U.S. are campaigning for a national clearing scheme (rather like U.C.C.A.) to help improve the situation by being able to place people in available jobs; also we would like to see the government earmark a sum specifically for the creation of the new jobs available.

If you are interested in the Pre-Reg jobs issue or in the way the Union works, please contact me and I will be happy to expound on this *ad nauseam!*

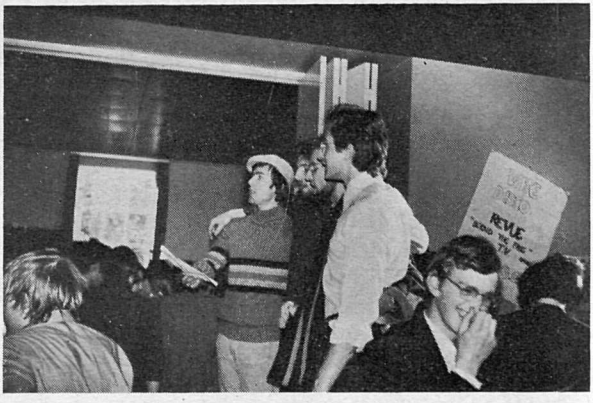
Francis Hughes.

N.U.S. Referendum

The question of our joining the N.U.S. has come up yet again. An extraordinary general meeting held on Monday, 24th October, was addressed by the President of the N.U.S. and a representative of N.U.S.(H.S.). There was no formal presentation of the case against the N.U.S. The meeting voted for a referendum to be held, probably on 7th November.



Above: Gina Webb and Nick Bathurst enrol recruits.



Right: A musical advert for Intervue.

And introducing . . .

QUODLIBET SOCIETY

Quodlibet means "that which is desired"—a name that the society tries to merit by promoting activities of cultural, scientific and contemporary interest in the hospital.

The Society is funded by a bequest from a former patron, the late Sir John Conybeare, and events are arranged by an active organising committee of medical and dental students under the Presidency of Prof. Lessof. Although founded in 1958, for much of the intervening period Quodlibet shared in the dignified somnolence that characterised so much of the Guy's social scene. With the opening of Wolfson House the deficiencies of campus life for those who were not totally fulfilled in the pursuit of knowledge or sport (sensu lato) became more apparent. The Quodlibet Society was revived with the aim of bringing interesting and diverse personalities to the hospital to speak on non-medical matters and to continue the work of the defunct Debating Society.

This term Quodlibet has been addressed by the poet Paul Roche and the politician John Davies, and looks forward in the coming weeks to a presentation by Mr. William Rees-Mogg, the Editor of "The Times" and the B.B.C. "Any Questions" programme.

The Annual General Meeting of the Society will be held in November, when the present committee will be retiring to make way for a new generation of Quodlibbers. The well-known spectacle of societies collapsing when the "leading lights" move on forms a part of Quodlibet's tradition already. This phoenix must not return to the ashes from which it has but recently emerged. Freshers take note!

STUDENT MEDICAL EDUCATION COMMITTEE

You may well ask, as a Fresher or perhaps as a veteran to the Guy's scene, what are we, the students, doing with such a committee.

We did, in fact, have a very successful, interesting and enlightening year, which is now coming to its end.

It was felt a good idea to bring to everyone's notice the roles in which S.M.E.C. sees itself acting. They are as follows:

—to provide awareness among the student population of matters affecting their course and therefore their lives. This should be done by publishing letters, minutes and maintaining an active and interesting notice board.

—to deal with as far as possible general and fundamental problems which groups of students feel should be looked into.

—to formulate these problems into suggestions and ideas which can be put to the School Committees on which various members of S.M.E.C. sit.

—to encourage and invite guests to S.M.E.C. meetings, both students and staff, to discuss and air views thought relevant to a particular quest or problem.

—to be aware of external medical education trends and liaise with other schools with similar committees.

—to run regular questionnaires on various sections of the course.

One interesting area of discussion at the moment is a move to investigate an interdisciplinary approach to medical teaching, which it is hoped many will take an interest in.

If you think that you have a bent in medical education, why not take an active part?

Jonathan Moore,
Chairman, S.M.E.C.

Philip Razzell,
Secretary, S.M.E.C.

THE LONDON MEDICAL GROUP

Have you ever noticed that every so often the trees in the Park sprout arrows on their trunks, inscribed with the initials L.M.G.? Intrepid explorers will find that these lead into the bowels of the medical school (the anatomy theatre to be precise) where a symposium is about to get under way, concerning itself with any issue from animal experimentation to aversion therapy, the ethics of intensive care to paedophilia. As a new lecture series has recently started, it seems a good time to introduce you to the London Medical Group, under whose auspices the symposia are held, and to give you some idea of its aims.

The L.M.G. is a student group whose main function is to provide a forum for "ideas on contemporary issues raised by the practice of medicine"; such topics concern medical students, doctors, nurses, social workers, lawyers and theologians alike and the Group provides an opportunity for members of all these professions to come together to discuss issues that straddle the lines of professional demarcation. A few concrete examples will serve to whet your appetite for the offerings in store. For instance on November 22nd at the Charing Cross Hospital, Prof. Sir Cyril Clarke and the theologian Prof. G. R. Dunstan will discuss "Breeding for a Better Society", whilst on the 10th November, Dr. Max Glatt, consultant psychiatrist at St. Bernard's Hospital will look at "Alcoholism in the Young", at the Westminster. Is pornography damaging or not? Dr. Sidney Crown, consultant psychiatrist at the London and Peter Webb, lecturer in art at the Middlesex Polytechnic and author of "The Erotic Arts" will give their views.

Symposia take place about twice a week, at each of the teaching hospitals in turn; you can find out about forthcoming events by getting hold of a lecture list (if you can't find any scattered around the hospital, I can send you one if you contact me via the East Wing pigeon holes) or by scanning the notice boards for proclaiming posters (these are ubiquitous—you can't even get away from them by going to the ladies' loos in the medical school!).

So come along, listen to and argue with the giants we have persuaded to deliver their thought-provoking sentiments, during the next few months. After all, as the future merchants of health care and social service, you will be decision makers in the face of controversy. The L.M.G. provides the practise ground.

For your diary, future Guy's dates include:—

5.45 p.m. November 24th, 1977. "What went wrong with the N.H.S.?"
Chairman: Prof. Ian McColl, MS, FRCS.

GUY'S HOSPITAL DENTAL SOCIETY

All Dental Students are members of the Dental Society which is a constituent club of the Club's Union.

In addition to presenting a series of lectures during the year, the Society helps to run the Annual Clinical Day meeting in March, organises the Dinner/Ball which follows, and represents the interests of the students in regular meetings with the staff at the Dental Society Management Committee.

Any student wishing to raise a point about the course should contact an Officer of the Society, and the problem will be investigated. There is a list of the present Officers in the front of the 1977–78 Programme.

I should like to welcome you to Guy's Hospital, and hope that you will participate in some of the events being organised by the Society during the year.

Next Meeting—Tuesday 13th December: "The Value of Forensic Odontology", presented by the Metropolitan Police. 5.30 p.m. Guy's Tower.

Francis I. Collier.

PRESIDENTIAL ADDRESS
BY DR. W. H. BINNIE, 11th OCTOBER 1977

— WHY ORAL MEDICINE? —

Dr. Karen Hiiemae, the retiring President of the Dental Society, warmly welcomed her successor Dr. William Binnie to give his Presidential Address titled "Why Oral Medicine?" By way of introduction, Dr. Binnie drew attention to the Society's rôle in influencing the Dental Council on behalf of students; the Dental Council is a body which makes disciplinary decisions (amongst others) concerning students. In addition the Society will be arranging a series of meetings on peripheral topics. The producers of the B.B.C. *Horizon* programme *I'm sorry I opened my mouth,* will be coming to discuss their work with Mr. J. O. Forrest and Dr. Aubrey Sheiham who provided professional advice for the film. Dr. Sheiham is currently subject to the action of the General Dental Council for his outspoken views on dental health care, so the meeting promises to be informative and controversial.

Dr. Binnie described Professor Martin Rushton, C.B.E., after whom the laboratories on floor 28 of the Tower are named, as the man who put oral medicine on the map in this country. Largely thanks to him Guy's is now one of the leading centres in the world for research in medicine and pathology, immunology and epidemiology as applied to dentistry. Dr. Binnie stressed that oral medicine was not an esoteric indulgence but has considerable application in reducing the suffering of so many dental patients. We now have a much fuller understanding of the wide range of pathology which was previously under a blanket of terms such as "denture sore mouth", "desquamative gingivitis" and "dry mouth syndrome". Similarly recognition of the ways in which systemic conditions e.g. Crohn's and coeliac diseases and the leukaemias present in the mouth has increased immeasurably in the last 20 years.

Problems for the future include investigating the relationship between *Candida* infections and malignant neoplasia of oral tissues and in finding the causes and treatment of oral ulceration, especially the recurrent type. Summarising Dr. Binnie's address he felt that so long as dentists continue to take an eclectic approach to the mouth the future for patients looks bright.

After the vote of thanks from Mr. Francis Collier Dr. Binnie invited the audience for food and drinks—future Presidents please take note!

THE GUY'S ADVENTURE FOR A GERMAN STUDENT

Barbara Lask

People make most extraordinary journeys to new places to gain experience for their profession, for broadening their personal view on things in life and simply to see something new, give some fresh material to the brain caught in everyday routines. Since I was not expecting to travel through the Central Australian desert with only two camels I didn't imagine Guy's could be so different for me, after all—a medical student is a medical student . . . at least in Western Europe. But then I had to learn that in many things the order of thought is: England as opposed to Europe!

What a day, the first of 365 in Guy's! Very young babies do learn to swim when thrown into the water, but I imagine they have to swallow a considerable amount of water. I didn't know a thing, what is a ward round, where is New Guy's House, where can I leave my bag and coat, what is a registrar, how can I get a book from the library? I felt like a detective, and sometimes like a linguistic research worker trying to find out about a scriptural code: life must be hectic here, why otherwise were so many abbreviations in use?

Then the day came—I was found worthy to take over clerking and presenting a patient to the whole firm. I had problems to read the name of the patient and the ward on the note left for me, but full of enthusiasm I started working on my task. Where could I find the Gauleiter for information? Spit, wards, library, Gordon Museum . . . no luck. I asked another senior student for help, he made a good guess at the name of the patient and the ward. But where was Esther Ward after all? The next student I came across had to part with this bit of information. Happily on the ward—there was no patient with the assumed name, and no such patient was expected to come in. Well, let's ask Sister. My limited ability to express myself in English and generally sombre spirits made her think me to be a bit of a failure, I didn't even know how to use the cardex of a ward to find a patient! Final advice: go and bleep the house-officer! Oh dear, a new tricky task, how could I bleep somebody? Dial 7 or 8 or 61 or 62, what to do after contacting the operator, put down the receiver or hang on? A few unsuccessful attempts didn't make the house officer more patient, but at last I knew where to find my patient. With this the morning had passed.

Until then I didn't know how much could be learned from experience. Nothing happened to me twice, but there were so many first things!

Another utterly confusing fact for me was to be approached directly with a question on ward rounds and tutorials. German teaching conditions leave the student sheltered in anonymity: hidden behind fifty colleagues we lead a quiet life. Here I had to speak, to answer, to suggest, to prove that I had something on the input side. It took weeks until I could control sudden panic when my neighbour had answered a question and it was my turn next, the immediately rising adrenalin level inhibited my flow in English thoughts.

Twice we had a good laugh during the first days. The first out-patient session proved to be an intensive tutorial on how to elicit a proper history about bowel habits. It was up to me to inquire about winds, and I came out with the question: "Do you pass flatus?" The consultant thought this to be an inappropriate term to be used with a patient and he encouraged me to get down to more simple language. I started turning over in my mind

the knowledge I had of everyday English, but I couldn't produce a suitable word for what was required. Not being acquainted with the fact that I was a foreign student the consultant commented on my hesitating: "You needn't blush, it isn't necessary to use obscene words!" This got me totally embarrassed and only a helpful neighbourly whisper rescued me.

On another occasion I had to present a patient in front of a big audience. Giving the results of my examination I had certain difficulties with expressing things fluently. As a helpful gesture the doctor simplified, and instead of asking me about "cranial nerves" he started right off with the question: "Does your patient smell?" This triggered off a chain of thoughts in my mind: why does he ask about bad odour, the patient had been incontinent—maybe I was to report on the deteriorating mental function next! So I answered "Well, last week he was wet in the morning twice!"

Still, maybe just the fact that I had to work for keeping up with everybody and conquering the place myself made me enjoy my firms so much more, as I got involved much more deeply.

Coming from Cologne where student politics constitute a No. 1 topic of conversation, and emotional waves become rather energetic at times in the confrontation with conservative teachers I was surprised how quiet it was over here. Posters and hand-outs only came to my sight with performances of the theatre or music clubs and with rugby matches. Where could I get my note-paper from? (In Cologne I have heaps of political hand-outs printed on one side only for such purposes!)

Another unusual sight were the ties around every student's neck, I couldn't remember when I saw the last one on any student in Germany. They talk about the English gentleman at home—I will join in now with the fresh memory of so many people opening the door for me: "After you, please!"

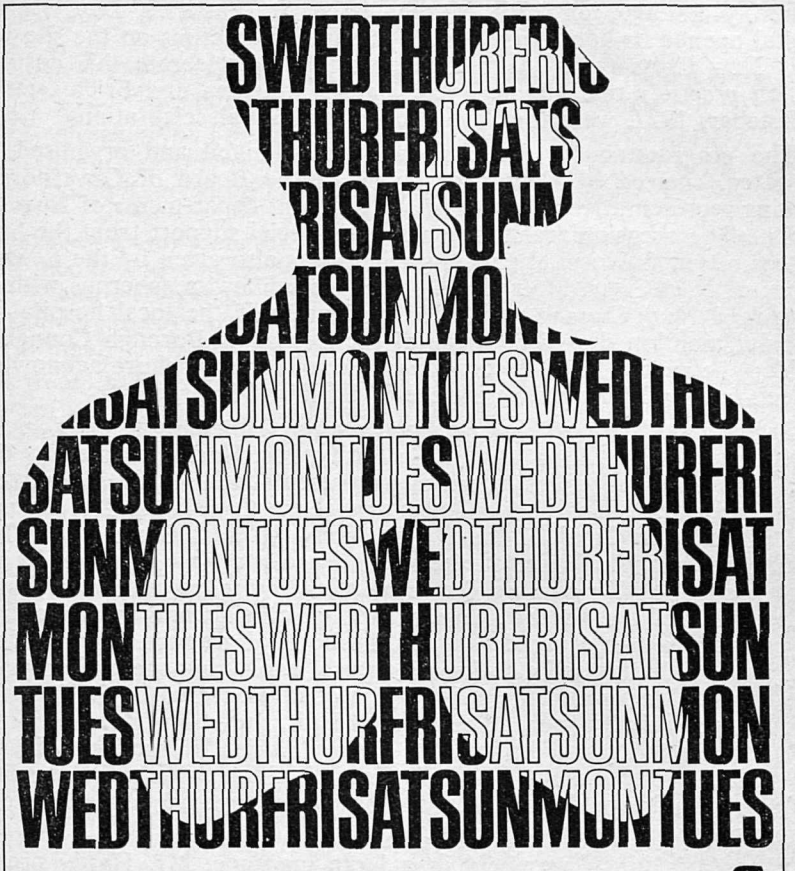
So altogether it was a quiet, friendly life among British students, and since work was done more or less in the same groups in the firms over a year some very reliable relationships were formed. Team work was easy, and it conveyed the feeling to me: I know what to expect tomorrow.

Still I missed the university spirit I am used to at home in a more open system. One day brings me in contact with many more students. In one course I work with this lot, in the next with another, and since all departments of the university are so close together I have lunch together with students of other subjects. Moreover, I can take up a course in an unrelated subject easily in my spare time. There I feel more like a student, not all that professional yet, here I am the "student *doctor*".

And so I found a lot of valuable experience concerning my profession, I had a lot of new material to think about during my year in Guy's, and through contact with people I learned some more about "things in life". My thanks to all of you who helped me settle in, made me welcome among you and were good friends to me. See you all in Cologne!

PHOTOGRAPHIC SOCIETY

The Photographic Society is alive and well and living in the Hospital. Trigger-happy students are most welcome to join—there are regular Tuesday meetings, so do come along to the Table Tennis Room, 7.30 p.m., 25th October. The club boasts its own dark room. Contact Richard Dunn, c/o East Wing, Guy's Hospital.



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NEW CROSS HOSPITAL—A HUNDRED YEARS

New Cross Hospital proudly celebrates its centenary this year. One hundred years ago, on 17th March, 1877, St. Patrick's Day, Deptford Hospital opened its doors to a stream of smallpox victims on the site where stands New Cross today. It being impossible to celebrate this auspicious occasion *precisely* one hundred years later, Thursday and Friday, 6th and 7th October, 1977, were the days chosen for formal celebrations.

The programme for the two days was planned and organised by a committee, chaired by Councillor Rowe of the Board of Governors and including representatives of most of the different departments of New Cross Hospital. The occasion received generous financial support from the Special Trustees of Guy's Hospital and much help was also given by the League of Friends of New Cross. Many local bodies were likewise generous with their aid—indeed New Cross is proud to consider itself the local hospital—and particular mention should be made of the Lewisham Borough Council who provided the superb floral decorations. The souvenir brochure acknowledges the technical and financial assistance of Stirling Winthrop.

Proceedings were officially opened on the Thursday at 11 o'clock, by the chairman of the Area Health Authority, Mr. Hardy, assisted by Councillor Rowe and supported by various representatives of the administration —Mr. Carruthers, Mrs. Anne Bosanquet (New Cross) and Mr. Lampbert (St. Olave's). The band of the Royal Army Medical Corps under Major Murphy lent a musical note to the scene. Pageantry was provided by many of the hospital staff assuming the dress of their predecessors of a hundred years before and the doctors, nurses, hospital officials and ward maids thus arrayed took part in a parade around the hospital grounds. Various departments put on displays of a technical nature, explaining themselves and the work they are doing and these displays are fully covered in the beautifully produced souvenir brochure. The Poisons Unit, the Hume Kendall Unit for physiotherapy and rehabilitation, the Hedley Atkins Breast Unit, the Chest Unit and the Department of Geriatrics, of all of which the hospital is justifiably proud, are described in the brochure, together with a history of the hospital and accounts of its work.

Thursday's lunch was held in a large marquee, Mr. Hardy presiding and Mr. Bob Mellish, M.P., the Guest of Honour. In the afternoon, all the hospital departments were open to visitors and a procession of olde-time costumes went through the wards, much to the enjoyment of the patients.

A second day of celebration, the Friday, began with a service of thanksgiving in the local church, which was very well attended. A cheese and wine lunch followed in the church hall and the programme ended with the Grand Dance, held in the marquee for all hospital staff. This conclusion to the festivities was rated an enormous success.

Congratulations, New Cross—and good luck for the next century!

Dr. R. Goulding & S. A. A.

NOTICE

ISSUES IN HEALTH CARE

Next meeting : Professor Peter Townsend, Professor of Sociology of Essex University and the Chairman of the Child Poverty Action Group will speak on "Unemployment and Ill-health".

THEATRE CLUB

EDINBURGH FESTIVAL DIARY

Guy's Theatre Group with "The Three Musicians" and a revue "Beyond the Frog", at the French Institute.

"A refreshing find on this year's Fringe."—THE SCOTSMAN.
"A feature of this year's Edinburgh Fringe."—THE STAGE.
"A triumph for Guy's Theatre Group."—ON CALL.

Dogged by Guy's apathy, prophecies of doom and shortage of cash, Guy's Theatre Group performed for the second year running at the Edinburgh Fringe.

It would seem a simple matter of logistics—find a British Premiere, write a revue, raise £750, organise a venue in Edinburgh, audition a cast and finally cart everyone north of the border for two weeks holiday. No trouble! The problems arise when no one turns up to auditions, your writers get tight in the pub before a single line is written, and cash proves in short supply.

We struggled through to the Greenwood production in July, which played to small and unenthusiastic audiences. After this, four of the revue cast declined to make the trip to Edinburgh. In August most students are on holiday, and so with no cast and three weeks to go, we were forced to approach our friendly cartoonist and C.E.G.B. agents. In consequence we hit the Fringe with a rewritten revue and . . . VILNIS. What follows is a record of those last few days before the holocaust.

FRIDAY 19th August. The advance party reaches base-camp in Edinburgh after travelling overnight. Base-camp is a charming Georgian house just off the Meadows. Exhausted, they are cheered by the picture of Chris as the clown in "The Stage". No time for sleep, but on to the theatre to meet the companies we share with. These prove friendly, and we settle down to solve the problems with the fire regulations and lighting. In the evening we doze off at dinner with friends, and are packed off to bed.

SATURDAY 20th August. Our lorry arrives with the rest of the cast, looking for all the world as if attacked by a giant tin-opener. (You may have wondered why the Guy's crest and supporting angels are no longer resident above the main gates. It took a mere ten minutes to hoist them out through the hole in the lorry's roof!) The cast crawl away to bed. Three hours later rehearsals begin in earnest and the technical crew move swiftly into action. Predictably, the day ends late.

SUNDAY 21st August. Tess provides a fiendishly hot chilli-con-carne to sustain us through another working day. (Some of us still haven't quite recovered.) We decide at the last minute to forego the fantasy world of the Edinburgh Festival Parade. Reality and a half finished set are more demanding. It's well into the small hours when we leave the theatre.

MONDAY 22nd August. The tension rises as our first night approaches. Our advertising "spot" at the Fringe Club is enthusiastically received, though not as slick as it might be, and this eases our nerves. Finally, "The Three Musicians opens to a good audience by Fringe standards, and the French are full of praise for it. "Beyong The Frog" is watched by the critics from Radio Forth and Kaleidoscope. Our hopes are shattered by our abysmally inept performance. One critic slips quietly away, but we corner David Self from Kaleidoscope. The day is well ended in the Fringe Club (where the bars stay open until 1.30 a.m.). The Festival has at last begun!

THURSDAY 25th August. The week has gone smoothly up to now, but personality conflicts have arisen. Much of the night is spent rewriting the revue.

FRIDAY 26th August. The morning is allocated to rehearse the new scripts. Three hours later they are performed at another publicity spot in the Fringe Club, to a rather less warm reception this time. At night we huddle round the radio to hear an excerpt from "Beyond The Frog" on Kaleidoscope. "Medical students on holiday . . ." they say, but we're the only Fringe revue broadcast all the same. Will this publicity boost our audiences? We have to wait for Saturday's verdict.

SATURDAY 27th August. Vilnis and Rob spend many happy hours playing anarchists in the streets of the city by way of publicity. This involves wearing a large wide brimmed black hat and cloak, carrying an obtrusive black bomb (marked as such) and performing "the furtive creep". It's a matter for argument whether this manoeuvre enticed any more audience, but it certainly attracted large crowds of little boys. Vilnis scored a notable success when a Rolls-Royce screeched to a halt and the owner sent his chauffeur over to buy some tickets. At night, seats and standing room are completely sold out! It's a wonderful feeling to turn people away on the Fringe!

SUNDAY 28th August. The author of "The Three Musicians" arrives from Spain with two Spanish directors.

THURSDAY 1st September. Our crucial revue in *The Scotsman* is printed That night the cast get even tighter than usual.

FRIDAY 2nd September. A song from "Beyond The Frog" is filmed for a TV documentary by Tony Palmer about the Festival (screened on 24th September). Our final farewell party blasts the neighbourhood with an all night jam session, and the next day is spent recovering for the trip back to London. And so our Festival ends.

We would like to thank The Medical School, Parke-Davis Ltd., and Hoechst UK Ltd. without whose generous contributions none of these events could have taken place, and also the many individuals who gave their time and money to this production. We would also like to mention that, for those who missed us on Radio and TV, there was one final performance of "Beyond The Frog" in the Ballroom on Friday 7th October. See you then.

Rob Glynne-Jones.

"A POKE IN THE ISLES"

4th – 8th OCTOBER, GREENWOOD THEATRE

"Intervue" demonstrates just what can be achieved by a gifted cast, talented writing, careful direction and plenty of sheer hard work. Add to this the spice of the Greenwood Theatre full to capacity and you have a fair recipe for success! Within a few bars of the start of the opening song and dance routine, the audience knew they were in for something special—and they were—and it was.

Strong scripts which, with the exception of a single song, I had not seen performed before (always a nice bonus at student revues) and the jokes that just tumbled out one after the other kept the show moving at a fast and enjoyable pace. Although some sketches did not work on the night—the film of the Arab cricket match for instance—those in the audience who saw the memorable originality of the voices at the breakfast table, and the sheer gut-wrenching laughter provoked by Mike Humphries and John Duckworth as the twin fetuses, are still dining out on the retelling.

Musically the revue had exceptional power, and the "Surgeon's Opera" came as the highlight of the evening. Lin Williams has a voice which certainly must rival many professional singers, and Nigel Pidgeon's witty elegance as the anaesthetist showed an almost flawless timing which was a joy to watch.

Reviews of student productions traditionally mention how professional they are, but on this occasion that epithet really must apply. I'm sure no one would quibble with that. My only real criticism would be that the second half should have opened with a stronger sketch to get the pace going again after the interval. But this is just nit-picking. In Edinburgh this summer I saw the big three revues—"Footlights", "Oxford Theatre Group" and "Bristol Revunions". If one were to pick the best of all three and put them into a single show, "A Poke in the Isles" would still have the last laugh.

Rob Glynne-Jones.

"SHE WOULD IF SHE COULD"

Sir George Etherege
(? 1635–91)

It is not quite clear whether Sir George Etherege married for money so as to afford a knighthood, or secured a knighthood so he could marry for money. In any case, he was soon appointed envoy to Ratisbon by James II, and left poor Dame Etherege behind in England.

Just as he did not love Dame Etherege, so he disliked Lady Cockwood, who gives the play its title. He created this unpleasant character whilst secretary to the English ambassador in Constantinople, but the "noble laziness of mind" of which Etherege was so proud, forbade him to deal amicably with things he didn't like. And he did not like Lady Cockwood. She is a woman eager for amorous adventure and equally eager to preserve her "honour". But Courtall, whom she pursues ferociously, finds her "the very spirit of impertinence, so foolishly fond and troublesome, that no man above sixteen is able to endure". Sadly, she has not got the technique of the Restoration game at all. She cannot play "hard to get"!

The figure of the man who, as his name implies, is not over selective, pursued relentlessly by a woman he cannot endure, but whom, for very good

reasons, he must appear to encourage, is as marvellous to watch now as it must have been three-hundred years ago!

Who better than Sir George, a man perfectly in tune with the leisure, the charm, the very delight at being so much alive in the best of all possible worlds that *was* Restoration court society, to produce the first example of true Restoration Comedy. How ironic that he should be "too lazy and too careless to be ambitious" (as he wrote to Godolphin) and that he should never write in this comic mode again.

It is an ambitious undertaking to produce Restoration Comedy. Period costume and wigs must be hired, the flamboyant make-up of the time must be reproduced, and the elaborate French deportment of the late 17th century must be mastered. Dr. Russ Blacker has arranged music for string quartet and harpsichord to accompany the "bawdie songes". At the time of writing, excessive mirth amongst the cast is putting rehearsals far behind schedule!

30th November–3rd December, Ballroom (E. Wing), 7 p.m., Tickets (70p) from Club Secretary.

BIOMEDICAL RESEARCH IN DENTISTY

Adrian Pini

There is little doubt of the social and economic importance of dental caries and periodontal disease. The need for dental research is seen in the Joint Statement from the Health Departments and Medical Research Council (see *B.D.J.* August 16th). The Statement concludes that *"there is good evidence of a comparative lack of opportunities . . . more than a lack of funds . . . to account for the small amount of dental research in this country"*. Caries and periodontal disease are considered to merit the highest priority for support because of their prevalence, however it is stressed that workers in other fields should not be deterred from seeking support. Although caries and periodontal disease are the most prevalent, other diseases, e.g. malignancy, may be far more serious to the individual and the statement certainly acknowledges this. Emphasis has been clearly placed upon the microbiological aspects of dental disease :

"Longitudinal studies are required to identify the organisms that are related to the production of the lesions at defined sites of the tooth surface; methods of immunising against caries should be explored further, and for this purpose an improved typing of the organisms would be needed.

"In addition, more detailed studies of plaque bacteria are needed, particularly of their colonisation of the tooth surface and adherence to it, of their metabolism and interrelationships in situ *and of the effects on the bacteria of various methods of controlling plaque, including chemical agents and intensive procedures for oral hygiene.*

"A major problem in periodontal disease is to improve the definition and measurement of the disorder as it develops. This would assist the longitudinal studies which are needed of the gingival and periodontal tissues in health and disease, including the effects of methods of controlling plaque and calculus and of surgical treatments. It would also assist the very necessary studies of the distribution and ætiology of periodontal disease. It would be particularly desirable to study the factors that lead to destruction of periodontal tissues in young subjects."

Caries and gum disease like lung cancer are largely preventable. If we reduced our sugar intake then the state of our teeth and gums, and if we are to believe Prof. Yudkin, our cardiovascular systems, would improve enormously. Of course the point is that while tobacco and sugar give immediate pleasure it is usually years before a patient complains of their pathological sequelae. Dental public health education is vital but it is exceedingly difficult to change patients' habits on a scale sufficient to have much impact on the nation's health. The idea of a dental vaccine is therefore most exciting and so it would appear thoroughly endorsed by the M.R.C. However, only Guy's and The London are researching the problem in this country.

Although successful immunisation has been achieved in apes, clinical trials are at least 10 years away. Meanwhile sugar consumption is rising and little progress has been made towards national fluoridisation despite the more than ample proof of its efficacy. However, some experts consider the vaccine an extremely dubious prospect and argue that more efficient application of existing knowledge would obviate its need.

We are very ignorant of the exact causes of periodontal disease(s) and why certain individuals are more susceptible than others. The M.R.C. proposals seem to put an emphasis on observation rather than on explanation. All of the first paragraph in italics refers just as appropriately to periodontal disease; I cannot see how more descriptive pathology will bring us any nearer to understanding than we are now.

If funds are not limiting then one wonders why there has been a comparative lack of opportunities for research in dentistry; I should hate to suggest that the answer is lack of initiative. Unfortunately much of the data about fluoridated tooth pastes, fissure sealants, fluoride gels, mouth rinses and the effects of oral hygiene instruction has been of questionable value because of the lack of community clinical trials. I'm happy to add that researchers at Guy's *are* involved in community trials. Again, with a few notable exceptions, investigations of the demineralisation of teeth and the effects of fluoride on bacterial metabolism have been of dubious clinical and scientific merit.

Research generally, should produce diverse and interesting knowledge, which if we are fortunate may have clinical application; if dental practice is to benefit then the quality of biomedical research in dentistry must improve dramatically.

THE MAN WITH THE LUMP

He looked quite all right really:
His cheek had a slight bulge
And his teeth made him sore.
That's all.

You wouldn't have guessed
What they had to do
To get rid of the bulge.

"We'll have to remove a piece of your jaw
And cut away some of your cheek.
Then we can use skin from your neck
And your forehead to make up for the loss
It's not worth the risk of a bone graft
At your age, Sir.

The results are very good considering,
But it will, I'm afraid, substantially
Alter the contour of your face."

He only has half his face left,
And still can't wear his teeth
He can't even speak clearly now.

Friends seem embarrassed,
Don't talk, look away.
Even the wife was cold for a time.
The mirror reminds him of the stares
Of the strangers in the streets outside.

They said it was better than leaving the lump.

The author is a first-year clinical medical student.

THE REGIONAL APPOINTMENT

A REGENCY REGIONAL

Stephanie A. Amiel

I probably would not have had a great deal in common with the Prince Regent. There is however one thing I could claim we share, namely a deep and abiding passion for Brighton.

Brighton is much more than just another South Coast resort within easy reach of an Awayday. To some, its name is irrevocably associated with motor-cycle conventions, to others it conjures up a picture of Labour Party Conferences and to still others it is the name of a football team in the Second Division. To me—well, I was first introduced to Brighton as a very small child and the magical fairy-land I remember from those days is there still. There's more litter in the streets than I recall and the West Pier, scene of many happy hours, is falling further into the sea with every day that passes, but even so, the old enchantment still remains and I think it always will. There was really no question of choice when it came to stating my preference for the venue of my Regional Appointment. I put down my name for Brighton, crossed my fingers and waited.

As well as sea, pebbly beaches, drowning piers and half-built marinas, Brighton includes several hospitals amongst its amenities. Together with three other students of the Second Clinical year at Guy's, I was to be based at the Royal Sussex County Hospital. We were told to arrive on a Monday morning in mid-May and present ourselves at the said hospital for lunch at 12.30. The welcome we received was representative of the hospitality which was extended to us throughout our attachment in the area. The hospital administration stood us lunch and had invited many of the Clinicians who would be involved in our training. Each of us was handed a folder which not only included timetables of ward rounds, theatre lists and outpatient sessions in the various departments of the hospitals, but also background information about the Brighton hospitals and health services. Then the bulk of this rather formidable dossier was made up of area maps, 'bus and train timetables and other useful items such as booking forms for the local Arts Festival. It looked as though we would be spending much of our time in theatres of quite an unexpected nature!

We had been asked to select an outline timetable before leaving the Big smoke. Thus, I already knew that my first fortnight was to be spent in general practice. The scheme at Brighton was a good one. Each of us would be assigned separately to a local G.P. for a full fortnight. I met "my" G.P. at the introductory luncheon and was whisked off on his rounds immediately the meeting was over.

This was my first experience in general practice and I could feel my hospital-born preconceptions dying on that first afternoon. The doctor to whom I was attached was Principal of a group practice, centred in a converted house on the London Road leading north out of the town. Routinely, I spent my mornings (and evenings) in the surgery where I was primarily an observer. I sat with the doctor as his patients came in—most of them did not object to my presence nor, where relevant, to my examination. After surgery, I accompanied my mentor on house calls and this was extremely interesting.

Brighton is justifiably well-known for its beautiful architecture. The relentless onslaught of salt-laden, storm-driven winds may wreak havoc with

the plastering and paintwork of the houses along the front, but, and especially in recent years, it is being combatted by regular repairing and the lines of the Nash terraces, rising gracefully around well-tended lawns in squares, courts and crescents, still convey an air of elegance, graciousness and charm. Some of these houses have been restored or maintained in good condition but the elegance of some of the façades hides unexpected poverty and loneliness for the elderly, the isolated and the infirm. Furthermore, Brighton has a heritage and history which, although less well-known than its Regency transformation, has perhaps had even greater influence on the nature of the town today. Brighton was developed as a railway town. Many of the buildings of the present time show this origin very strongly. Thus, the lists of the practice with which I worked included patients from as wide a range of social background as those of any large town with rural environs.

The fortnight with the general practitioners was most enjoyable. Had I spent longer there, I think I would have found myself wanting to participate more actively but for two weeks the timetable was both interesting and informative. Opportunities were given for spending time with the attached staff of the practice—the health visitor and the social worker each took me with them for a few hours—but for the most part, I was with one or other of the doctors and learning to see patients and their problems as they were in the habit of doing.

The third week of the appointment saw my return to the hospital environment and my introduction to the Maternity Unit of the Royal Sussex County. This was situated in the new Tower Block of the Hospital, which made me feel at home! One of my fellow-students had already been on the ward for a fortnight and told me the system. I settled down to the serious task of delivering babies.

Every morning began with a round of the Delivery Ward by one of the four consultants who oversee the delivery of future citizens of Brighton.

Afterwards we would approach the sister and, once she had satisfied herself of our ability, she would allocate each of us a patient. There were no student midwives at the Sussex County but there were plenty of "customers" and fully trained staff. The only limitations put upon our care of the patients was that we should know the lady we wished to deliver—a kind and friendly precaution. In practice, this really meant monitoring the patient to whom we were allocated and in my case (though to a lesser extent for my gentlemen colleagues) this often meant providing full nursing care. Of course, we worked under the supervision of the midwives and medical staff, all of whom were willing and able to teach. The junior doctors were particularly happy for us to gain experience in practical routines, and if I learnt nothing else, I will remember Brighton as the place where I finally managed to master the drip!

There were usually two students attached to the Maternity Unit at any one time and we were asked that one student be available throughout the twenty-four hours. A bedroom was provided. We also shared a bleep, but since we rarely left the ward, it was seldom used—except for social reasons! The emphasis on monitoring had the advantage of ensuring that we were always on the ward and thus able to watch and assist in many emergency procedures. There was a disadvantage too, in that we tended to remain with obstetrics to the exclusion of all else—certainly, I saw much less Gynae. than I would have wished, although most of the staff were very willing to monitor one's patient for as long as you wanted to be off the ward. This allowed me to attend some really excellent out-patient teaching, and to go

shopping, but I suppose I was always afraid of missing the delivery while I was away. Nights-on were very good value—the night staff were much more eager to give us deliveries and the sight of dawn over the sleeping town and sea was as good a reward for a lost night as the squeals of the baby!

By concentrating on obstetrics, I eventually delivered over thirty infants—an invaluable experience of normal deliveries that I will probably never be able to repeat. The teaching on the unit, both formal and informal, was good. Perhaps the most useful thing I learned was to be just a little less scissor-happy. I think that comes with experience on the part of the pupil and the supervising midwife.

Brighton obstetric patients were often on a shared-care scheme which worked very well. We saw the patients in the ante-natal clinics at regular intervals but in the meantime, they attended their own doctors. The confinements were virtually all in the hospital however, with the patients entirely in the care of hospital staff. I asked "my" G.P. about this once. He admitted that he had liked delivering his own patients in the hospital and had done this in the past. Now he found it too difficult to arrange to arrive at the hospital at precisely the moment of delivery and was content to leave his patients in the sole care of the hospital teams. Alas, the unpredictability of woman-kind!

I had elected to spend my final month at Brighton doing surgery. For this I was handed a timetable of Clinics, rounds and theatre lists which would have kept me busy throughout the week. However, the timetable was only a guide and very flexible. I was very keen to include some orthopaedic training in my stay, and this was easily arranged. Fracture and general orthopaedic clinics were held daily and I simply presented myself to the consultants concerned. I was made extremely welcome at all these clinics and the surgeons conducting them went to great lengths to make them informative. A weekly teaching round held over breakfast in the Casualty Department was also very useful, especially those that dealt with radiographical findings.

For general surgery, I attended ward rounds, out-patient sessions and theatre lists at the Sussex County, Brighton General Hospital and the Hove General Hospital. This gave me the benefit of teaching from several different consultants, although for the most part, I worked at the Sussex County with the team of one consultant. As with the obstetricians, I found everyone willing to teach and I enjoyed myself immensely. There was no formal allocating of patients to students and I spent most of my time in individual sessions. However, once again the house officers and registrars were very happy to teach. Several times, I found myself on impromptu ward rounds which seemed to have my education as their principal object. "Take-in" was a very informal affair as far as I was concerned, with the house officers very helpful in bleeping me whenever there was something interesting or useful I could do. They too were always ready to teach me practical procedures.

The hospital as a whole was very much involved in teaching although, having no students of their own, this teaching was mainly directed at the junior staff. This made it none the less applicable to or useful for us, and we were always welcomed and included in the questions and interrogations of these sessions. We worked very hard while we were at the Hospital and enjoyed it very much. But we worked with almost equal diligence at relaxation—and indeed were given the impression that we were expected so to do.

The hospital put us up in a Nurses' Home, and if you think that sounds mundane, I hasten to disabuse you. This particular specimen was based in two of the Regency Town Houses in Marine Parade, and for those of you who have never visited Brighton and are unacquainted with the works of Georgette Heyer, this placed us in an advantageous position overlooking the sea (and in the *better* end of town!). The rooms were sumptuous and the facilities were adequate, including a large kitchen for cooking the fresh fish bought on the sea-front, directly from the nets and practically still wriggling. The tale of how a fellow elective student from Dundee taught us how to gut the said fish must alas remain untold for the present! The kitchen could also be used for heating tins of baked beans on less exalted occasions.

The amenities of the Home also inclued a private beach-hut and we made full use of this. We sun-bathed, read, and feasted on strawberries picked locally by the more industrious of our party and eaten by us all from that beach hut. We even went swimming in the Channel on two particularly well-remembered sunny days. I said earlier that some things had changed since my childhood in Brighton—certainly, I could (and did) swear that the sea is colder and the pebbles sharper than they were twenty years ago. Our marine excursions were, I admit, somewhat short-lived—we stayed in just long enough to anaesthetise our toes for the barefoot walk back across the beach.

A car is very useful in Brighton. We were lucky and one of the students was able to drive us out into Sussex on sunny days to explore in the very beautiful countryside along the Downs. But even within the town limits there is plenty to see and do. Shopping itself is a joy in a town that boasts a market such as the Lanes, those old fishermen's cottages that crowd round narrow, twisted, cobbled streets, tempting passers-by with a superfluity of antiques, jewellery and avant-garde bric-a-brac.

And always there is the Royal Pavilion. This strange and exotic palace, Prinny's little summer house, once described by an irreverent soul as appearing as a litter of cupolas, spawned by St. Paul's, is a constant delight to me and offers so much more than the other museums. While we were there, the annual Regency Exhibition was in progress, so the Pavilion was truly at its best, in spite of the attempts of some little arsonist to ruin it for the kingdom. And of course it was the centre for much of the Arts Festival. We joined a huge crowd in its garden for a magnificent firework celebration, one night, and were also able to attend some of the musical events held in its rooms and its coach house during our stay.

I could write much more about our Regional but perhaps I had better not. The four of us there this summer found it a most enjoyable and valuable experience. As I suspect is the case with all the appointments offered, the Regional is very largely what you yourself choose to make of it. All I can say is that, at Brighton, we were given the opportunity to make a very great deal.

ANSWERS TO SEPTEMBER CROSSWORD

ACROSS:

1. Naevus, 5. Bran, 8. Imitate, 9. Vet, 10. Cranial, 13. Ray, 14. Eve, 15. Carpets, 18. UFO, 19. Attempt, 21. Eyes, 22. Retina.

DOWN:

2. Aim, 3. Vater, 4. Satin, 6. Reviles, 7. Not one bit, 8. Introduce, 10. Cyclone, 11. Ayr, 12. Ire, 16. Peter, 17. Treat, 20. Pan.

ISSUES IN HEALTH CARE GROUP

Title: Medicine under Capitalism

A review of the talk given by Professor Vicente Navarro in the Dental Museum on 22nd September, 1977.

Professor Vicente Navarro was born in Catalonia before the Spanish Civil War, graduating in Medicine from Barcelona. He became a member of the resistance after Franco's victory. Fleeing from Spain, illegally, he studied thoracic surgery in Stockholm, then philosophy and sociology in Edinburgh and London. He is now Professor of Health Services Organisation at John Hopkins as well as being the vice-president of the American Public Health Society. Professor Navarro was the former Medical Adviser to Salvador Allende in Chile and is now adviser to Castro (Cuba) on Health Services. He is the editor of the International Journal of Health Services and has written many books and articles including the book "Medicine under Capitalism".

Professor Navarro began his talk by emphasising that the health sector is class structured, mirroring the class nature of Western industrialised society. He pointed out that the health services in these countries are controlled by people from the upper and upper-middle classes, who make decisions on health policy according to their values and interests.

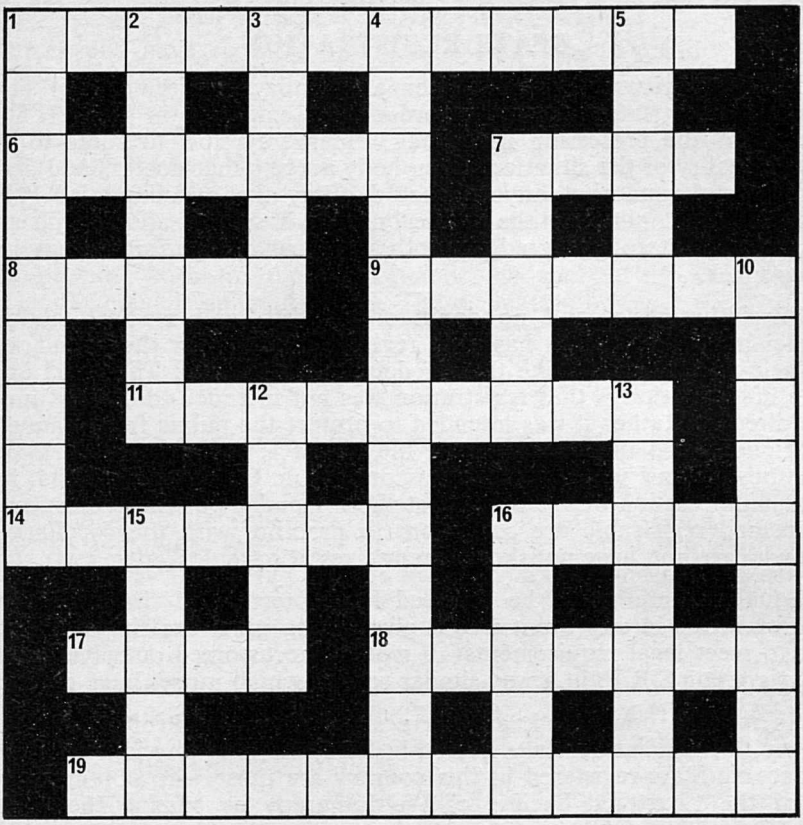
Professor Navarro said that there are two prevalent Western ideas on disease and cure both related. (1) Disease is the imbalance of a machine like body. (2) The cause of disease is primarily individual and thus the therapeutic response is individually orientated. When most diseases were caused by the poor environmental conditions, an ideology that saw an individualistic approach outlined above absolved the economic and political system from responsibility for disease. Professor Navarro then gave two examples which showed the fundamental falsehood of these assumptions. (1) The aetiology of occupational diseases (mostly environmentally determined) results from the control of working conditions by capitalists (not by workers), with profit making taking priority over job safety and workers' satisfaction for example Seveso. (2) Cancer which is also determined in the majority of cases by environmental conditions, with individuals living in industrial, lower-class neighbourhoods facing a greater risk of dying of it than those who live in residential areas. The response of capitalist society today is either to obscure or deny this reality. Instead society wrongly perceives the cause of the problem as individual and the nature of intervention is thus individually orientated (i.e. health education in prevention; and clinical medicine in cure). The present day values of capitalism perpetuates to its advantage the individualistic approach to disease and cure, thus stopping realisation by the lower classes of the reality of the causes of disease, that is, the present economic and political environment.

The following ideas were expressed by Professor Navarro during questioning: decision making should be in the hands of the general population including all health workers instead of those who now possess it. A way forward for individual members of the audience would be to join a political party and work for a revolutionary transformation of society. Some people found the ideas propounded by Professor Navarro hard to grasp, because of their lack of knowledge of socialist thought. However, most of the audience thought the talk was to the point, and that the meeting was a success.

Many thanks to all those who attended the meeting.

J. R. B. and N. I.K.

THE GAZETTE CROSSWORD No. 2



ACROSS

1. See 10 down.
6. The main export of the Langerhans' Islands. (7)
7. When wormed, it could be a useful measure of length. (4)
8. It takes nerve to see such illusions. (5)
9. " 'Tis the voice of the—; I heard him declare,
   You have baked me too brown, I must sugar my hair!"
   Alice in Wonderland. (7)
11. Ace toasts are swallowed by this side of the country. (4, 5)
14. Right in but after brief September it can be used for nasty bugs. (7)
16. Top marks (sic) if you know this popular religion. (5)
17. If crossed with silver, it may produce fruit. (4)
18. Not accurate in enforcement of payment. (7)
19. Such a model appears in Vogue and the Science Museum. (12)

DOWN

1. No soup is stirred to be harmful. (9)
2. A prize given as a flower for one who abstains to a point. (7)
3. A horsey complaint that can be made by mixing oil in a couple of hundreds. (5)
4. Can Ginns learn to alter investigating some bodily function. (5, 8)
5. Soldiers in puttees should look neat on parade. (5)
7. First class but though backwards, is a firm support for the body. (5)
10 and 1 across. A pathologist's bread and butter? (9, 12)
12. To hesitate in addition will cause fluid to form over clots. (5)
13. A neat tree results if you cut the hedge. (4, 3)
15. Softly, every one is a toothsome delicacy. (5)
16. Surgery over a period of time is needed for vocal drama. (5)

PHYSIOTHERAPY

STATE REGISTRATION

For some years now it has been a statutory requirement for physiotherapists to be state-registered in order to be employed in the N.H.S., but members of the profession have been remarkably slow to come to terms with the reality of the situation. Everybody accepts that doctors and dentists are registered, and that anyone should query the meaning of S.R.N. is unthinkable, yet not only the public but also hospital staff may jib at the designation of state-registered physiotherapist, or occupational therapist, or radiographer.

Physiotherapists—and no doubt orthroptists, and medical laboratory technicians too—ask what has state registration done for them, and why is not their title protected like that of doctors and nurses? The short answer to the first question is that registration was not intended to do anything for them directly. Rather it was intended to protect the public from unqualified practitioners, and the thinking that the Board is here for the furtherance of the professions' well-being is a misconception. On the other hand, it is a public manifestation of the belief that those members of the profession who are deemed registrable are competent to practise, with the corollary that those who are not, have not shown themselves fit so to do.

Equally, there would be no need for protection of the title "physiotherapist which in any event would give rise to great drafting problems in order to meet legal requirements—if we had accustomed ourselves to using the designation S.R.P. in a way similar to that which nurses have done.

As matters now stand, and have stood since the Professions Supplementary to Medicine Act was passed in 1960, the only physiotherapists who can become State-registered in this country are those who obtain membership of the Chartered Society of Physiotherapy by passing the Society's final examination and registering their membership, apart from the ever-dwindling number who can show that prior to 1963 they were wholly or largely dependent on the practice of physiotherapy to earn their living, and those who received a training outside the United Kingdom at an establishment which meets the requirements set by the Board.

It might be of interest to those who maintain that it is easier to obtain registration for overseas candidates than it is for home-grown applicants, to know what sort of test the foreign applicant has to pass in order to be admitted. Indeed, it is not too far-fetched to suppose that some physiotherapists now practising in the N.H.S. by virtue of their success in some bygone examination, would have difficulty in meeting the demands now set by the interview-examination to which overseas physiotherapists are subjected.

Not to argue that this kind of stringency is other than wholly appropriate, for it is, as earlier stated, the Board's remit to assure itself that the customer, the N.H.S. patient, is protected from incompetence. It might, however, silence some of the Board's critics, if they were asked themselves to be similarly tested at periodic intervals.

R. J. COOPER.

NURSING

THE NURSE'S JOB EVALUATION

The results have recently been published of the much discussed job evaluation in the Nursing Profession.

The recommendation that this should be undertaken was made in the Halsbury report in 1974 and now consists of a lengthy tome which does not make for easy reading but from which certain facts have emerged which are causing considerable controversy amongst nurses.

It should be said that there was a great deal of scepticism expressed at the time the evaluation was commenced. Most people felt that its purpose was to provide work for the large number of staff at the D.H.S.S. for whom employment is difficult to find. The evaluators however tried to convince the staff of the hospitals that great benefits were to be reaped from the exercise and that the approach would be totally unbiased. Their attempts were in vain, ince nobody believed them, and cynicism was merely increased.

The assurance was given that a truly representative cross section of nurses would be interviewed in order to ensure accuracy, but how, one wondered, would this be accomplished? In fact true representation was not achieved, since the interviewees were very carefully selected. To each hospital the evaluators gave a list of the grades of staff which they would like to see. It was then left to the individual nursing officers to select the necessary people. They were chosen with very careful regard to the impression that they were likely to give. The project was therefore doomed from the start.

The second error was that the evaluators used the same questionnaire for every interview, irrespective of whether the topics covered were relevant to the work of that individual. If the questions are irrelevant, then cannot the credibility of the report be queried?

At the interviews the job description of each nurse was perused and then discussed. It is of course well known that most of these documents are plagiarised directly from the appendices of the Salmon Report and bear no relationship whatsoever to the work required of the individual. In addition, two individuals who hold the same post successively might take different responsibilities.

Finally of course there is often some discrepancy between the work a person thinks they undertake and that which they actually do. Many nurses hope fervently that the report will not be accepted. If it is many members of the profession will demonstrate considerable resistance.

. . . *from the presses* . . . .

. . . A preview of the new dental film *The Siren* was given at the offices of the M.D.U. on September 29th. The film, which lasts for about half-an-hour consists of a series of cautionary tales showing how the Siren of carelessness or laziness can lure the unwary onto the rocks of litigation.

The film ends with some home truths from the members of the Dental Committee of the M.D.U. (including our own Professor Rowe). The point is drummed home by the Siren herself who shows that she is always at work.

Copies of the film are available free on loan to dental societies from the Dental Secretary of the M.D.U., 3 Devonshire Place, London, W1N 2EA.

BOOK REVIEWS

"Renal Medicine", by Roger Gabriel. Pp. 280. Price £3.50. Published by Baillière Tindall.

This short text forms one of the series *Concise Medical Textbooks* aimed principally at medical students. Most of the topics covered are rather larger than that dealt with here—previous titles include *Biochemistry, Paediatrics, Psychiatry* and *Pathology*. However, the publishers have evidently decided that general (internal) medicine should be handled as a series of separate books upon "organ specialities" and so far cardiology, gastroenterology and dermatology have been covered.

Much of the information in the book is new, since renal medicine (Dr. Gabriel prefers this term to Nephrology, as I do) is a relatively new speciality. However, the field is now settling into some sort of order, which is reflected in the outline of this book. All areas of renal medicine are covered clearly and concisely from renal anatomy to transplantation. There are few statements with which I would quarrel; my only criticism of this excellent short text is that it should carry more detailed suggestions for further reading at the end of each chapter. The undergraduate student will often want more information on a particular topic, because he or she is looking after a particular patient. The main reference (of only four) given at the end of the book is the now out-of-date and out-of-print text book of Strauss and Welt, rather than more recent books such as Brenner and Rector's *The Kidney*, or our own native texts such as Black's *Renal Disease* or de Wardener's *The Kidney*.

STEWART CAMERON.

"Oral Surgery and Anaesthesia". Edited by R. B. Steiner and R. D. Thompson. Pp. 560. Price £27.50. Published by W. B. Saunders.

This is a neurotic book, by which I mean that, although intended for general dental practitioners, the authors frequently are unable to contain themselves and delve very deeply into procedures inappropriate to practice. These forays are usually accompanied by overt, or occult but still palpable, self advertisement and congratulation. For example in Chapter 17 extremely detailed consideration is given to a rather unusual osteotomy which is, to my knowledge little practised in the U.S.A. and never in Europe.

Although the foreword states that one of the purposes is to present ". . . especially the new ideas and techniques" the only new idea in connection with odontogenic cysts in the last 15 years, that is the keratocyst, does not receive any consideration. Similar examples could be picked from other chapters.

Apical surgery including apicectomy did not warrant a mention which seems a little odd in a book for general practitioners, who surely, if they do any surgery at all would at least perform extractions, periodontal and apical surgery. It is very irritating to see Le Fort spelt La Forte (several times!) on page 325. On the whole however I enjoyed reading this book, much of it being down to earth and full of good practical advice passed on by practitioners of great experience. Selected sections and chapters could be extremely useful for undergraduates but on balance I do not think that it is a good account of contemporary oral surgery and associated anaesthetic techniques. It is an interesting read for those with sufficient experience in oral surgery not to be misled by the lack of balance.

As with all American text-books differences between practice there and here, although rapidly diminishing, also reduce its value to British readers. It would be most refreshing to see a truly international text-book of oral surgery (and oral medicine); a daunting task however for any editor.

R. HASKELL.

"Notes on Dental Materials", 3rd Edition, by E. C. Combe. Pp. 304. Price £5.50. Published by Churchill Livingstone.

Here is the third edition of this student-oriented paper-back text book and it looks like being just as popular as the last two editions, which sold over six thousand copies in five years. Even its increased price should not deter the student of today, especially when it is discovered that the nearest competitive quality text costs twice as much, for what is, as far as undergraduates are concerned, only expensive padding.

The text has been thoroughly updated, several sections have been revised, some sections have been pruned and others extended and a number of useful additional chapters have appeared. The whole book has been set in fractionally larger type, which has been cleverly re-arranged to enable considerably more information to be fitted into only two pages more than the second edition.

Among the innovations are a revamped chapter on corrosion, which sets out clearly the principles of electrochemistry and emphasises the ways of

reducing corrosion in aqueous environments. Another new chapter explains the difference between adhesion and attachment to enamel and dentine and describes the ways in which both can be achieved. Mouth protectors also have a short chapter to themselves and that on radiographic materials now contains a description of xeroradiography. Porcelain bonded to alloys is a subject which now has its own chapter, but strangely the "twin-foil technique" developed by McLean and Sced, in which porcelain is reinforced by bonding to a tin-plated platinum foil, does not get a mention despite its growing popularity. This is one of very few omissions, for although this book has occasionally been criticised as lacking in substance, there is, nevertheless, a whole series of useful statements about practical dental materials, which are not to be found in any of the much more expensive textbooks. For example, where else can you find in one volume information on acid-etch techniques, addition-cured silicones, adhesive bandages, aluminous porcelain, calcium hydroxide cements, dental implants. dentifrices, denture adhesives and cleansers, dispension-phase amalgam, glass-ionomer cements, gutta percha. periodontal dressings, peripheral seal materials, radiation-cured composites and tissue conditioners?

This book has never claimed to be a user's guide to dental materials, but it certainly covers more ground than any other at present on the market. Although sceptics will claim its coverage is superficial. at least it provides a starting point for the seeker after truth. and armed with the basic knowledge that this book contains, the seeker can step boldly into the dental materials literature.

DAVID BROWN.

"Preventive Dentistry", by J. O. Forrest. Dental Practitioner Handbook Series No. 22. Pp. 109. Price £3.50. Published by Wright; Bristol.

This volume is the latest in a long series of books published by John Wright of Bristol, specially orientated to the needs of the dental practitioner who wants to keep his practice right up to date. To invite John Forrest to contribute to the series with a book on Preventive Dentistry was a wise choice indeed. With his wealth of experience, starting when he was wartime R.A.F. Dental Officer and continuing whilst running the School of Dental Hygiene at Guy's, he can speak with authority which can be matched by few. Furthermore, in his West End practice he has actually practised prevention at the "grass roots" level.

This book is logically compiled with emphasis being placed on patient examination, full diagnosis and careful treatment planning and execution. The causes of caries and periodontal disease are discussed and an extremely readable chapter on plaque and its control is included. There are chapters on the control of both caries and periodontal disease as well as ones devoted entirely to the Child Patient and the prevention of sport's injuries. The book concludes with appendices which deal with preventive materials and aids, and summaries of practice procedures.

This book will command wide appeal. Enterprising practitioners will find it invaluable; post and undergraduate students will find it full of essential information; all will be inspired by the author's enthusiasm and conviction that prevention can be successful.

M. N. NAYLOR.

"Benign Cystic Lesions of the Jaws, their Diagnosis and Treatment", by H. C. Killey, L. W. Kay and G. R. Seward. Pp. 175. Price £4.50. Published by Churchill Livingstone.

The third Edition of this well-known monograph has been brought up-to-date and is likely to be as popular as the two previous Editions. Professor G. R. Seward has joined the two previous authors in producing an up-to-date edition.

The presentation is excellent and easily readable, the bibliography invites further reading and the controversial points are only made so as to stimulate further thought on the subject. I think this is an essential book to read before any examination involving oral diagnosis. I thoroughly recommend it.

R. C. BRET DAY.

"Patients and their Hospitals", Pp. 46, and "Psychiatric Hospitals viewed by their Patients", Pp. 50, by Winifred Raphael. Price £3.75 each. Published by King Edward's Hospital Fund for London.

These two reports have now reached their third and second editions respectively. The former was first published in 1969 and has now been considerably updated as the result of later information.

After successfully conducting a survey in general hospitals Mrs. Raphael felt that it should be possible for a similar one to be undertaken in psychiatric hospitals, and she has proved most convincingly that it is.

The purpose of the projects was to assess the quality of service and care in the nation's hospitals. A questionnaire was devised and patients were asked to complete it anonymously. A sample of the one used in each type of hospital is issued with each book. Information was obtained on all those factors which affect the general comfort and well-being of the patients, and the results give a comprehensive and enlightening insight into their feelings. It is interesting for example, to discover that the number of patients who expressed dissatisfaction with their hospital care decreased between the time of the two surveys in general hospitals. Furthermore, it appears that the majority of those in psychiatric hospitals are reasonably content. It is encouraging to be informed that many of the hospitals have taken action as a result of the findings, and that in many instances no money was required in order to make improvements.

These two reports make extremely interesting reading and should prove useful to all grades of nurses. Mrs. Raphael does not as yet appear to have turned her attention to paediatric hospitals. One would hope that she might do so in the future.

PAMELA M. JEFFERIES.

"Fundamental Physics of Radiology", 3rd Edition, by W. J. Meredith and J. B. Massey. Pp. 710. Price £12.50. Published by Wright; Bristol.

This is a well-known book, and deservedly so, since it has become the standard text in radiological physics. To consider this new edition is to ask what changes may reasonably be expected in such a text in the course of the five years since the last edition. Clearly, theoretical aspects will have changed slowly in this time, but the practical aspects of hospital physics have changed more dramatically. In the present volume the authors have been at pains to bring the practical aspects up to date, while keeping the length and cost similar to previous editions. The measure of their success may be seen from the fact that the book is a mere forty pages longer while the price remains modest, despite the use of a better quality paper than previously. In addition the page size has been reduced.

As previously the text is divided into four sections, General Physics, Diagnostic Radiology, Radiotherapy and Radiological Protection. In the first section, much technical and perhaps historical matter has been pruned out, and the streamlining that is introduced is welcome, but it should be emphasised that the text remains mathematical. Dosimetry has been updated by the inclusion of a well-written section on Thermoluminescence. In the second section there is much new material, covering xeroradiography, ultrasound and CAT scanning, but the pruning process could have been extended to the detailed account of direct fluoroscopy, with advantage. The main reservation comes in the chapter on Nuclear Medicine. This is described in the Preface as "revised, recast and repositioned", from which the reader might reasonably expect an account of the changes that have taken place in the subject in the past few years. In fact apart from a few small passages, the text remains the same, although altered in layout. Granted that the authors in their preface state that it is not their aim to consider the subject in detail, it is disappointing that the full possibilities of investigation are not represented, even without considering more modern developments such as computerised data processing. On the other hand, the new chapter on the physical basis of ultrasonography is clearly and concisely written, with good diagrammatic information. No mention of Thermography has been included.

The radiotherapy chapter remains much as before, although there is a whole new and well written section on the Manchester system of gamma ray therapy. The good basic account of radiological protection in the second edition is here reproduced intact. It does not give great consideration to the every day practical questions of protection, but these arguably should appear in a text book of radiography rather than one of physics. For this edition the index has been enlarged, and a helpful appendix on SI units added.

Students for the Part 1 FRCR and Society of Radiographers higher examination will find this the best text of radiological physics available to them, but I would still hesitate to recommend it to these people for their first reading in the subject. For the X-ray department shelf, or for any person involved in the teaching of hospital physics, however, this present volume, especially welcome in its new form, is essential.

S. J. GOLDING.

CORRESPONDENCE

Holidays and Locums

Madam,

One wonders, having read "S.M.E.C. on Student Holidays" (*Gazette* 24.9.77) how long it will be before our attendance at all aspects of the firm to which we are attached will be made compulsory, with a roll-call being taken to note any absentees (indeed, some registrars already do this, though in an informal manner).

The current proliferation of instructions and rules regarding what we may or may not do seems strikingly at odds with the picture many consultants paint of their student days, which apparently consisted of having an easy time until about three months before finals when, forswearing beer and fishing trips, they would start revising.

Whilst on the subject of rules, could someone tell me why second-year students are no longer allowed to do locums, except on the firm to which they are attached? This seems unnecessary, as most current second year students have done locums (without any great disasters happening to their patients) and have learnt a great deal from them.

Yours faithfully,

IAN PAGE.

c/o E. Wing,
Guy's, SE1 9RT.

Second Year Locums

Madam,

I am writing to ask whether someone would be prepared to clarify the reasoning behind the new rule on the holding of locum appointments by medical students in their second clinical year. In the past, second year students have gained considerable experience from locums—it is so much easier to learn by doing than by seeing, and there are some things like the doses of drugs which the student very rarely encounters otherwise.

Now, however, a new rule has been made which states that second year students may only hold locum posts in the specialist firms to which they are attached at the time, and then only under exceptional circumstances. This not only deprives the students of valuable clinical experience, but it also makes it much more difficult for housemen to cover their holidays, since "final-year students" only exist between October and June, and of this time three months are spent abroad in many cases. Also, the students working for Finals do not often wish to break from their revision to do locums.

I suspect that the main reason for this rule is that the consultants of the specialist second-year firms do not appreciate the disappearance of odd students for a week or so at a time; this suspicion was heightened when I heard that two of my contemporaries had been permitted to do locums in the first two weeks of the second year, in which we have a course of lectures and are not attached to any particular firm. However, I have just had an application to do a locum refused, although the specialist consultant concerned was quite agreeable to my doing it. It seems that the application of this new rule is somewhat haphazard.

Would it not be possible to restrict second year students to (for example) three one-week locums in the year, rather than penalising both students and housemen by virtually banning them altogether?

Yours faithfully,

GEORGINA M. WEBB.

East Wing,
Guy's Hospital,
London Bridge, SE1 9RT.

The Merry Midwives

Madam,

In reference to a statement in the letter from Dartford in last month's *Gazette*, may I reflect the other side of the coin concerning obstetrics at Guy's. I spent an enjoyable two weeks with the staff on Victoria Ward, finding them all both pleasant and helpful. I suspect that people who find things otherwise try to run before they can walk. If one accepts that midwives know far more about delivering babies than a student can ever learn in a few weeks, we can gain profoundly from our attention to their years of experience.

As regards expecting midwifery sisters to make me "feel at home in new surroundings" with cups of coffee and the like, I hope they have more valuable work to perform.

Yours faithfully,

JUDITH FINDLAY.

East Wing,
Guy's Hospital,
London, SE1 9RT.

Dental Directory Appeal

Madam,

Contrary to popular opinion the establishment are in fact only feigning sleep as far as the "up dating" of the dental

section of the Guy's Directory is concerned.

The enormity of the task of verifying something over 3,000 names and addresses has clearly been appreciated in recent correspondence to the *Gazette*. Nevertheless, the work has been underway, in spite of financial strictures, since the last Clinical Meeting and I am glad to say that there is now light at the end of the tunnel.

It is hoped that most of the names and addresses of the Guy's dental alumni will be sent to the printers before Christmas.

However, there is still a substantial "problem file" which contains over 300 names and this list must clearly be reduced before the final printing takes place. A number of sources besides the current Dental Register, have been used in an effort to find up-to-date addresses. It may be that a number of those on the list have died, are no longer in practice, have changed their names or moved abroad. Thanks to the generosity of the Editor a list of those for whom there is no up-to-date address, appears on page 311. If any reader can shed light on those listed I should be glad to hear from him as soon as possible.

Although it may appear from some of the letters you have received that there are those who would be prepared to give financial support to the project, the stark reality of the 1969 edition is that two-thirds of the 3,000 production are still unsold.

With this in mind and some economies in printing it has been estimated that the approximate cost of the new Dental Directory will be £1 and should be available by the next Clinical Meeting.

Yours faithfully,

R. B. JOHNS,
Sub-Dean of Dental Studies.

Guy's Hospital,
London Bridge, SE1 9RT.

Buried Treasure

Madam,

Now that paintings by Betty Swanwick are to be found decorating the walls of Burlington House as well as popular music record sleeves, is it not an appropriate time to reconsider where best her picture of the pearly king and queen be hung? Surely not in the dark, deserted corridor leading to Children's Casualty.

Yours faithfully,

CHRIS TROUNCE.

East Wing,
Guy's Hospital,
London Bridge, SE1 9RT.

The Ugly Head?

Dear *Gazette*,

I hadn't noticed—but surely we all should have. Leafing through your most recent issue I came upon: "Papers by Guy's Men".

In the list of your Gordon Museum Tapes I see that there is one by Prof. Dewhurst on "Intersexual disorders".

Is it this that accounts for the gender confusion of Guy's women? Please substitute "Papers by G.P.s" (or Guy's Persons).

Yours fraternally,

TOM MADDEN.

P.S. Shame, I see that Ed. is Stephanie.

4 Queens Road,
Peckham, SE15 2PW.

Editor's note: Indeed yes, Sir, the implication of your postscript is correct and Miss Amiel is both the current Editor and a female. But she is none the less of the species of Man and she at least, is content, nay proud, to be included under the generic term "Guy's Men". For so trivial a cause as sex cannot be permitted to overset the customs of years and the great traditions of this great Hospital will remain sacrosanct.

Panel of Translators

Madam,

Please may the Wills Library ask once again whether any of your readers, who may have recently joined Guy's and are proficient in a foreign language, would be prepared to act as interpreters for patients or undertake short, informal translations of letters or papers. The Library maintains a list of the staff and students who are willing to help in this way. Their assistance is often much appreciated, especially by patients who have no English.

Yours faithfully,

J. M. FARMER,
Wills Librarian.

The Wills Library,
Guy's Hospital Medical School,
London Bridge, SE1 9RT.

F.R.C.P.

Madam,

May I ask you to include my husband's name J. Kenneth Lloyd Jones [J. K. L. Jones] among those who became Fellows of the Royal College of Physicians in May, 1977. May I also point out that Members of the Royal College of Physicians receive their Fellowship by

Election and not by examination and I would like to congratulate the large number of Guy's graduates who were so honoured this year.

My husband qualified from Cambridge and Guy's in 1956 and is now Consultant Physician in Rheumatology and Rehabilitation to Harlow Wood Orthopaedic Hospital and the Mansfield Group.

Yours sincerely,

ROSALIE LLOYD-JONES,
M.B.B.S.
(née Harrison-Bloom, Guy's '52–'57)

Sherwood,
Kirkby Road,
Ravenshead,
Nottingham, NG15 9HF.

Editor's note: We offer our apologies for not including Dr. Jones' name in the list last month—and, with Mrs. Lloyd Jones, extend to him and to all the newly elected Fellows of the Royal College of Physicians our congratulations.

From Professor Haslewood

Madam,

May I, through you, express my gratitude to those who so generously contributed to my retirement presentations and dinner? It is impossible to thank everyone individually, but will those Guy's and other friends who read this letter please accept my sincerest and affectionate appreciation of their kindness.

Yours faithfully,

G. A. D. HASLEWOOD.

28 Old Fort Road,
Shoreham-by-Sea,
Sussex.

Aphorisms

Madam,

It would be ungrateful to let the Medical School at Guy's lose such an esteemed character as Prof. G. A. D. Haslewood to the long and happy retirement we all wish him, without turning the historical pages of the Dept. of Biochemistry backwards.

The scene is set in a wartime Tunbridge Wells; above the famous "Few" interlaced a blue Kent sky with white hunting stock vapour trails; below, a Baptist Chapel. In the Chapel, an after lunch hoard of students. On a rostrum, with chalk flying in Carbon chains across a blackboard, in youthful enthusiasm, the then "Doc" Haslewood.

To make a point clear, "Doc" turned upon the heavily carbohydrated audience of p.m. sleepy eyelids and stopped . . . Pause whilst a piece of chalk smartly hit a nodding head, followed by the roar of student laughter that shook the scriptural writings on the wall and every eye wide open. The cloud of laughter settled from the air to leave crystal clear silence.

The "Doc" gazed round his audience and then remarked: "Gentlemen, Indol and Skatol may be faeces to you, but it is my Bread and Butter."

BRUCE WOTTON.

Frangipani,
West Hill,
Heybrook Bay,
Plymouth,
Devon.

Aphorisms (cont.)

Madam,

I have much enjoyed the recent correspondence on Aphorisms since I well recall most of the characters quoted.

I entered Guy's in January, 1907 and have taken, and read, every copy of the *Gazette* since though often out of my depths now.

On October 4th, 1907, Sir Samuel Wilks presided at a meeting of the Pupils Physical Society and I heard him proclaim "Milk is the Wine of Infants and Wine is the Milk of Old Age". I am doing my best to prove him right.

I saw Wilks once again at a similar function on October 7th, 1910; these dates may be checked by reference to the *Gazette* of those dates.

Yours sincerely,

T. S. ALLEN.

Pantiles,
Shirley Drive,
Hove, BN3 6QP.

Bar Billiards—Finale

Madam,

Many of your readers will recall the length but probably not the detail of Mr. Bompas' letter regarding the proposed moving of the billiard tables in the Table Tennis Room in order to enlarge the bar. I am writing simply to express my own thoughts and feelings on this matter which has now died yet another (perhaps the fourth) death.

It was certainly unusual for a newly elected member of the Clubs' Union Council with no experience of these committees to carry a motion at the first meeting setting up a separate subcommittee to look into this proposal. It was also unusual for a student to go meddling in important financial affairs of the Medical School and to come up with a proposal to finance the change without a great strain on the system. The vast number of contradictory and unusually candid statements from a number of people at least served to fan the flames of enthusiasm, that great but undisciplined motivating force.

And so after much toil (about ten weeks work) and investigation, Lady Boland informed us of the structural unknowns of the Table Tennis Room on the basis of architects' and engineers' reports used at the time of the building of the East Wing. No documentary evidence of any kind was offered or received in support and the meeting closed with a firm conclusion of "not structurally possible". Only one voice was raised in protest. The only alternative offered was to scrap the billiard tables—not really worth considering.

Even a call directly to the Structural Engineers, Travers Morgan, proved unfruitful as I was not the client, that privilege belonging to the Medical School, and as such all information was confidential. So all avenues having been blocked I resigned myself to such exciting problems as a redistribution of the NHS resources or the basics of the pathology of a myocardial infarction.

My conclusions are these: I do not know whether the table tennis floor is strong enough to take the one ton weight of the billiard tables. My feelings are that it is indeed strong enough but it is quite clear that nobody knows. I still feel it is a good idea though of course there are more problems than I first envisaged. I am sure that the long, hard fight essential to success (which of course is not guaranteed) is no longer worth my time and especially as it would be to the detriment of my medical work, already in sad neglect.

As I leave you these thoughts I assume the matter is closed until some more students should themselves decide that they wish to pursue it. And very good luck to them. It is not easy.

Yours faithfully,

DAVID W. DENNING.

East Wing,
Guy's Hospital,
London, SE1 9RT.

SPORT

COMMENTARY

Welcome to the Freshers' edition of the Gazette sports report. By the time you read this, the excitement of a new term, course or a new life depending on your stage will have dwindled, and routine have set in. The frantic Fresher's trials will be vague memories for many. For the lucky few there is a short run in a team or possibly after a month's apprenticeship a promise of a permanent place or even promotion to a higher team. Usually I reserve this column for topics of a humorous nature, at least I like to think so, but perhaps I should devote this space to a more serious message. My memory has not yet been seized so totally by alcohol, senility or the treponeine that I cannot recall the bitter disappointment of the substitutes shirt, running the touchline and the frantic dash to see if my name was on the teamsheet. However, I know that to reach great heights as a mediocre but keen player, and let's face it most of us are, you have to keep plugging away but also introduce a measure of cunning. To you who find yourself in this situation after six weeks at Guy's, dear Fresher, I offer these guidelines to success. The name of the game is perseverance.

If you are like me, you can never perform well in trials—they are too undignified and everyone else tries too hard. Also it either rains or is too hot, so you must impress in other ways. The first thing to do is find out who the team captain is, and then, more subtle, find his best pal or team adviser. Do not, I repeat *not*, try to impress the captain with stories of your past brilliance, but buy his vice-captain or chum a few beers meanwhile trying to convert him to being your faithful fan. Then try to become part of the squad without even playing, by sitting with the players after their games, training hard (but not too hard) behind their pitch during their game, and by cheering loudly at their successes. Once you have made your number in this way you should concentrate on getting your name on the team sheet.

You may feel that forging your name on the team sheet is the simple answer. I prefer to add my name as substitute and subsequently arrow it to a position left vacant by any absentee. A trick used by my old friend Brian Bore was to go to the captain of the team above saying that the captain of the team below had sent him to play substitute as he had played so well (modesty forbids) the week before. When he was dropped immediately he touched the ball in a game he went to the captain of the team below saying he wasn't quite fit enough for the senior side, but hoped he would pick up fitness quickly in the junior side.

The most important advice of all is,

you must always cross out A. N. Other on teamsheets, replace it with your own name, or with the name of a brilliant sportsman who is on holiday. If the latter, turn up and offer your services in his stead—"What a stroke of luck you happened to be there".

I hope these few ground rules will ensure that you find a place in one of the Guy's teams. Do not feel bad if you obtain a place in a team, which you do not merit. Merely invent your own tricks to hang on to that place—you don't think Bobby Charlton scored all those spectacular goals for nothing do you? Lastly just remember if you depose an established Guy's sportsman be sure he will fight dirty to regain his place so check your name on the noticeboard regularly or you will find you have emigrated to China. Woe betide anyone who alters my name on the noticeboard.

J. J. EARNSHAW.

HOCKEY

SPIROCHAETES v. FRESHERS

Sunday, October 9th (Cranston Road Day +3), saw a rabble turn up to H.O.P., only to be sent to change in the Ladies' dressing-room. Never before had this happened officially in the history of Spirochaetal hockey history—such was the infestation of Rugby at H.O.P. that day. Colin Hunter-Graig had magnanimously agreed to drink our beer after the match and umpire before drinking, so with threats of the bar closing the spiros decided to bully off v. the Freshers.

With such stars as Richard "the Rugby lout" Dunn and Mark "Chopper" Harris to contend with, the Freshers faced up well and it was not for some time that they conceded their first goal despite an Oscar-winning drive by their not-so-fresh goalkeeper Martin "Pretty Boy" Vallis. Half-time was celebrated with the customary jugs, and being drunk, sides were swopped—with Martin swopping with Peter "someone or other" who grunted a lot from behind his mask, and the "Rugby lout" being sent to counteract the running thrusts of "Chopper" Harris. The Freshers continued to play hard and well, but conceded a penalty flick which the intrepid grunting goalie could not stop. The final whistle saw an outbreak of fighting over who had to buy the first round—and so further hostilities were transferred to the bar.

Here drinking, singing, table banging, bladder stretching and more drinking abounded. Those Freshers still left were treated to a sip from the Spirochaetes chalice and being generous, Messrs. Harris and Dunn, with the help of Tim Wilkinson executed a crutch-soaking rendering of the five-man lift—with the added excitement of a whale impression from the centre link.

Drunk, tired, and initiated—the Freshers left H.O.P. a little more enlightened to the ways of the Spirochaetes. Enclosed is a mug-shot of the Spiros team—anonymous of course.

"The Lout."

SAILING

Mathew Cup, 18th Septmber, 1977

This is a team racing competition held annually at Burnham-on-Crouch between the five clubs—Royal Corinthian Y.C., Royal Burnham Y.C., Crouch Y.C., Burnham S.C., and United Hospitals S.C. The teams consist of three Squib class keel boats with two crew members each. Each helmsman may only helm two races, and each team sails four races—one against each other team. Crews may change between races, so the number of

people involved in one team can be anything between six and twenty-four.

Due to a loss of communication, U.H. did not have as strong a team as they should. Some of the helmsmen had done little or no racing in Squibs, but there are now six people in the club who know a lot more about handling a Squib with spinnaker than they did beforehand.

One expects a helmsman to be busy but in this sort of racing on a short triangular course amongst hundreds of moored boats, the crew must work overtime! The spinnaker goes up with more or less ease, at the beginning of the downward leg, and then if the boat is involved in luffing matches and other violent manoeuvres, the crew has plenty to do to keep the sail set and pulling. Then with frantic scrambling and heaving the spinnaker is finally brought down at the leeward mark. However, the crew's work is just beginning because as well as helping his skipper with sailing a beat in a race, he has to fold up the spinnaker, sort out halyards, sheets, etc., ready for the next lap. In practice he would be just about to relax when the boat reaches the windward mark, and up goes that wretched sail again.

Beautiful weather and at times a fresh breeze made for idyllic sailing, and although it was not a very successful day from U.H.'s point of view, it impressed other people at Burnham that U.H.S.C. is putting itself back on the map. In this first full year of the new clubhouse, the equivalent of over 1,200 people from London hospitals will have spent one night in Burnham. Though I think it will be a few years yet before U.H. repeat their successes of the early 60's in competitions like the Mathew Cup, this should be an event for all sailing people at Guy's to look forward to. Congratulations go to Burnham S.C. for their victory. Thank you Dr. Parr (The London) and Bob Cole for lending us your boats, and thanks to the Royal Burnham for organising a most enjoyable day.

S. G.

CROSS COUNTRY

Guy's Hospital Hare & Hounds

The hospital's newest club would like to take this opportunity to welcome all Freshers to Guy's.

Rumour has it that there is a lunatic amongst you who partakes in the sport (?) of cross country. We advise you to contact us immediately before you become contaminated with that well-spread Guy's disease apathaemia.

If this London air is already beginning to irritate your unpolluted country-lungs we have the cure! A good five-mile run around Epping Forest will soon have you coughing the soot out of your lungs.

If you would like to run for Guy's please contact Kevin McKinlay or Chas Newstead via the pigeon holes in the East Wing. We have a team entered in the second division of the London Colleges Cross Country League in which we finished fifth last season. We will also be entering the Hospitals' Cup and matches are held most Saturdays and Wednesdays. There is ample opportunity to meet people from other hospitals when you run for United Hospitals.

A training evening, hopefully on a weekly basis has been organised at Honor Oak Park. Hope you can come along, whatever your m o t i v e—psychiatric referals given gratis.

KEVIN McKINLAY.
(Secretary).

MOUNTAINEERING CLUB

The Mountaineering Club is a small but active society of the Clubs' Union. The club caters for all aspects of mountaineering; walking, rock climbing, snow and ice work, backpacking and any other sport associated with the mountains.

We hold "Meets" three times a term, either to the mountainous regions of North Wales, The Lake District, Peak District or recently to the sea cliffs of Cornwall. Transport is usually by minibus which leaves from the hospital early on Friday evening and returns late Sunday evening.

The club owns a large selection of walking and climbing guides as well as climbing gear and tents, that can be borrowed. These are especially useful for the beginner to the sport as it allows you to try without the huge initial outlay of expense sometimes required.

The club holds slide evenings during the year for members, to modestly tell everyone else what they have been up to. There will probably be a slide evening early in November.

We are always looking for keen new members to join our ranks, and are willing to teach anyone the "ropes"! I look forward to seeing you at the Freshers tea and more importantly, on future meets.

NICHOLAS TAYLOR (Sec.).

RUGBY

THE "ON-CALL" SEVEN-A-SIDE CUP

Sunday, 9th October, H.O.P.

Guy's, as this year's hosts to the "On-Call" Cup, sported three teams. This display, and the excellent state of the pitches maintained by Eric and his ground staff, impressed the United Hospitals organisers before any of our teams arrived. The 1st XV contingent's arrival from their moral victory in the Cambridge Arms the previous night did much to shatter this illusion.

The 3rd team, termed Davenports Daredevils, succumbed honourably to lesser opposition when they realised the bar would be open all afternoon, and they could spend their time more usefully maintaining Clubs' Union profits. The 2nd team after much rearrangement with the 1sts, fared better, and only lost marginally to Westminster in the quarter-finals.

The 1st team fared much better. In the 1st round they destroyed an enthusiastic but somewhat mundane Middlesex team 28—0; and followed this with a somewhat more lethargic performance against St. Thomas' 2nd team, winning 16—6. At this stage somebody upset Brian Keevil, so he decided to score tries, etc. His performance in the semi-final, coupled with excellent tackling and running by Graham Francis (capt.) and Tony Portelli led to their defeating K.C.H. 28—6. Also of note in this match were the Hagan "tap back" and Liam Hughes' combination of traffic-warden and ballet-dancer as he pirouetted to allow King's to score their try.

Then came the final—v. The London with much drinking by the supporters (and shouting from Davenports Devils who had had more drinking time than most, and wasted little!). Excellent tackling and cover from the whole team, back row rugby from John Brazier and Brendan, and good positional sense by Richard Laws set Guy's up for an early try—which John dropped over the line to score. Further tries by Tony and Graham gave Guy's an impressive half-time lead. In the second half, Liam not content with kicking every conceivable conversion (and successfully!) attempted a 60-yard penalty to demoralise the London —he missed, just—but made up by scoring a try.

With more drinking on the touchline—accompanied by cries of "Mind my beer" as players ran near the touchline or "shame" as London players dropped passes, Guy's strolled to a comfortable 24—10 victory. Eric Dann our groundsman showed his appreciation by filling the cup with Lager and numerous "shorts": and a good night was had by all.

Guy's 1st team: B. Hagan, J. Brazier, B. Keevil, R. Laws, T. Portelli, G. Francis, L. Hughes.

R. P. Dunn.

Guy's 18pts., Bromley 0

H.O.P., Saturday, 10.9.77

A pleasing start to the season for Guy's in a match liberally sprinkled with early season errors. Good work by Keevil and Beard in the line-out and regular scrum ball should have set up a larger margin of victory, but first-half scoring was limited to two penalty goals by an on-form kicker Hughes.

As the opposition tired in the second half Guy's had three or four golden try scoring opportunities but were limited to two more Hughes' penalty kicks. A late spectacular diving try by Loxton very close to the corner flag converted by Hughes, was Guy's only reward for the morning's hot sweaty toil.

The forwards showed patches of driving loose play, no doubt improved by regular coaching from John Davies. But efforts must be made to capitalise on this as the cohesion of the backs was, on this occasion forgivably perhaps, poor. Stronger teams later in the season will pose more problems but the enthusiasm and potential in the club is good, especially when one prominent player's enforced exile from the game is complete.

It is always heartening to begin the season with a win even if a certain member of the team had to be convinced of this several times in the changing room.

Team: Broughton, Reece, Owen, Francis, Portelly, Tunnadine, Laws, Parry, Gibson, Neill, Keevil, Beard, Loxton, Hughes, Brazier.

G. P.

Guy's 25pts., Public School Wanderers 6
H.O.P., Wednesday, 21/9/77

This was Guy's first match for many seasons against this popular touring side and resulted in an enjoyable victory. Guy's organisation in the loose helped them score two first half tries. Moore scored the first and slick interpassing allowed Skipper Francis to go over for the second, Hughes converting. With Guy's finding tight possession hard to come by against an experienced eight, the sides changed ends with Guy's 13—0 up after Hughes had added a penalty goal.

Drizzle made handling increasingly difficult in the second half but Hughes scored early in a forward rush near the posts, and converted easily. The Wanderers replied with an excellent rush from their right wing who intercepted a poor midfield pass and ran 70 yards for the touch down. Guy's went back on to the attack and Palmer scored late in the game to cap a good all-round performance. Speedy centre Jones added punch and accurate kicking to the attack and Nicholas was an enthusiastic winger.

Many thanks to Mr. Hagan who turned out as an emergency referee and duly booked his place in years to come in the "Sunshine Home in Dublin for blind Irish referees".

Team: Broughton, Reece, Jones, Francis (Capt.), Nicholas, Moore, Laws, Parry, Davenport, Neill, Keevil, Beard, Palmer, Hughes, Brazier.

Guy's 9pts., Askeans 18pts.

Saturday, 23rd September, 1977, H.O.P.

Easily the poorest display this season allowed Askeans to snatch a victory which Guy's should have sewn up without difficulty. A lack lustre performance by the pack gave the backs little opportunity to shine although, somewhat against the run of play, Guy's led at the interval 6—3 by the virtue of two Hughes' penalties.

An enthusiastic Askeans side consistently beat the more talented Guy's player to the ball but could only take the lead with a try 10 minutes from "no-side". Hughes had kept our noses in front with another penalty goal but Askearns ran out deserved winners, to the cheers of a number of visiting supporters. This was a match which Guy's will want to forget but they must learn the lesson that experience against strong sides does not make up for enthusiasm against weaker sides.

Team: Broughton, Portelly, Jones, Francis (Capt.), Nicholas, Tunnadine, Laws, Parry, Gibson, Neill, Keevil, Beard, Brazier, Hughes, Palmer.

G. P.

Guy's 7pts., U.S. Portsmouth 10pts.

Saturday, 1st October, 1977
Burnaby Road, Portsmouth

A strong wind made playing conditions difficult down at the Services' ground and after losing the toss Guy's were soon under pressure. Some solid tackling kept Guy's in the match as possession was denied by a powerful Services front five. The opposition's strong direct running backs eventually grabbed two tries before the interval, the first a good opportunist effort, the second rather close to the touchline but the Services still switched ends 10pts.—0 in the lead.

With the wind now in their favour Guy's exerted more pressure, with Hagan working hard in both loose and tight phases. It was Hagan whose pass set Hughes off on a solo effort, gathering his own kick ahead and palming off tackles to go in for a great try in the corner. His conversion attempt failed however, and a solitary penalty late in the second half was Guy's only other score. The pack worked hard to keep the side in the match but the sparkle was missing from the backs when one or two elusive runs would have won the match. A word of praise for Broughton at full-back whose catching and clearing under pressure was excellent.

Vern's first match of the season (as coach driver) was celebrated in ale in the smallest of Hampshire villages while he

slept in the bus! Guy's will certainly need "more revs" on next week against Cambridge University.

Team: Broughton, Portelly, Owen, Francis (Capt.), Nicholas, Tunnadine, Laws, Parry, Gibson, Neill, Keevil, Beard, Hughes, Hagan, Brazier.

G. P.

Guy's 10pts., Cambridge University, 45
Grange Road, 8.10.77

This was a bad day to produce an indifferent performance against a keen, fast and fit University XV. Guy's were outplayed in all departments of the game and rarely unsettled their opponents who consistently broke through weak tackling.

Even when Hignell, the Cambridge International and Captain left the field Guy's could not make an impression which was doubly disappointing in that the not inconsiderable Guy's running ability was never utilised. Cambridge scored regularly in the first half and changed 23—3 up, Guy's solitary points coming from a Hughes' penalty goal. For a 10-minute period at the start of the second half Guy's looked to have woken up, but a couple of breakaway tries by the Cambridge back row gained back the initiative for the University.

Hughes landed one more good penalty kick but being so far behind Guy's were forced to run two or three other penalties which were kickable. Guy's had to wait until almost full-time for an opportunist effort by Portelly which gave them a consolation try.

Team: Broughton, Reece, G. Jones, Francis (Capt.), Portelly, Tunnadine, Laws, Parry, Gibson, Brazier, Beard, Keevil, Hagan, Hughes, Palmer.

G. P.

Guy's 0pts., Blackheath 34pts.
Rectory Field, Saturday, 17.9.77

Historians of rugby football tell us this is the oldest surviving club fixture in the world. Both sides have had their ups and downs in recent years but in this match the powerful Blackheath pack dominated. Guy's played against a difficult wind in the first half but a spirited start kept them encamped in the Blackheath half for the first 10 minutes.

With liberal possession from the line-out Blackheath began to exert pressure and scored two tries, one converted by Williamson their full-back and captain. Guy's cause was not helped by poor touch kicking just when the pressure needed to be relieved. Some classy interplay by the Guy's backs and forwards provided entertainment for the crowd and good loose play was a feature of the match throughout.

Ten points down at half-time and with the elements in their favour for the second half Guy's relaxed and allowed the opposition to score two soft early tries and Williamson was again on target with conversions and penalties. Good scoring opportunities slipped by while Brazier, Hughes, Reece, Broughton and Tunnadine were prominent in some excellent Guy's counter-attack. Under pressure throughout in the scrum, hooker Gibson managed to win the ball but the Blackheath pack disrupted much of the Guy's ball by powerful and intelligent shoving.

Another Blackheath converted try heralded the end of the scoring but Guy's kept plugging away up to the final whistle with Hughes just failing with a penalty attempt. This was always going to be a hard match but Guy's team spirit was good and spirits of a different kind soon put a rosier complexion on the match.

Team: Broughton, Reece, Owen, Francis, Portelly, Tunnadine, Laws, Parry, Gibson, Neill, Keevil, Beard, Palmer, Hughes, Brazier.

G. P.

Guy's 2nd XV v. Sutton Swallows
Saturday, 8th October at H.O.P.

Lost 24—9

2 goals, 3 tries to 1 goal and 1 penalty

Guy's were 4—3 down at half-time, and the final score reflected a lack of fitness and failure to work as a team.

Having won the toss, Guy's kicked off. The ball went directly into touch and Sutton won the subsequent scrum with some difficulty. Guy's continued to play well and were rewarded by a penalty within a kickable distance. Some thought the ball went over the bar, others that it did not. The referee was among the latter.

For the next quarter neither side gained much advantage. There was some good touch-kicking by Ferns. Guy's got reasonable possession from the set pieces, particularly the line-outs, with Grey jumping well at four, and Capp and Wilkinson doing well at the back. Following some infringement by Sutton Guy's were awarded a penalty which was converted by Ferns.

Sutton restarted well. One of their centres intercepted a loose pass to score a try. It was not converted.

Guy's started the second half badly, giving Sutton a lot of room to run. The opposition scored three tries within a relatively short space of time and converted the last.

In the last quarter Guy's started to play reasonable Rugby again. Following a scrum to Sutton in their twenty-two, the ball was tumbled by their centres. Nicholas scooped it up, ran round their full-back to score a good try under the post, which was converted by Ferns.

There was not time for Guy's to make up for lost points and Sutton scored another try in the closing stages of the game.

P. G. D.

Team: Wheelwright, Davenport, Alun-Jones, Hutchinson, Grey, Robertson, Wilkinson, Capp, Mount, Ferns, Jennings, Skinner, Bajorek, Nicholas, Manning.

FOOTBALL

Guy's 5 v. City University 3

Guy's 1st XI put in a fine team performance in their final warm up game before the start of the new league programme to defeat a crack City side.

Guy's were put under heavy pressure right from the start and fine defensive work from the back four of Andy Mitchell, Neil Maclachlan, Mark Batterbury and Ken Harper prevented the confident City side from taking an early advantage.

However, by half time Guy's were 2—1 down in spite of much hard work by the ever dangerous Paul Sheppard and John Radcliff and a well taken goal by Mike Breeze.

Guy's fight-back came in the second half as City seemed unable to settle. And goals from Mike Breeze and two fine opportunist goals from John Earnshaw, from Simon Perkins put the result beyond doubt.

Team : N. Cowland, A. Mitchell, M. Batterbury, K. Harper, I. Wilson, S. Perkins, D. Smalley, N. Maclachlan, P. Sheppard, J. Rawcliff, M. Breeze, J. Earnshaw.

Royal School of Mines 2 v. Guy's 1st 10

Guy's made heavy weather of this first league game, against a rather poor Mines side compared to previous years.

It was only Ian Wilson who supplied any sort of spark in the first period, getting the first goal after 20 minutes.

The Guy's team finally took control mid-way through the second half and the goals began to flow with Paul Sheppard scoring 4, John Earnshaw 2, I. Wilson 2, Mike Breeze 1, Simon Perkins 1.

The Guy's side couuld have really done with a more competitive game before the U.L.U. Cup game against Imperial College next week, where the opposition will be very much more testing.

SWIMMING

Physiotherapy Students' Swimming Gala

On September 29th the annual swimming gala of the London hospitals Schools of Physiotherapy was held in the U.L.U. pool in Malet Street. The Guy's students succeeded in winning not only the cup for the women's medley relay for the first time outright but also the cup for overall winners of the gala for the first time since 1960. This latter is known as the Angove Cup and it is especially fitting that Guy's should win it as Hester Angove was the founder-Principal of the School.

The team, captained by Elizabeth Palmer, gained a place in the first three of the final of each event, and despite a disqualification for an incorrect take-over in the free-style relay (in which the swimmers finished half a length ahead of the next team) had collected sufficient points for a comprehensive win.

The individual results of the team-members were as follows:—

Backstroke: Jennifer Dart (1st).
Butterfly: Tracy Maunder (2nd).
Breaststroke: Elizabeth Palmer (1st).
Freestyle: Sara Luetchford (3rd).
Medley relay: Jennifer Dart (backstroke), Elizabeth Palmer (breaststroke), Susan Stacey (butterfly), Tracy Maunder (free-style) (1st).
Free-style relay: Susan Stacey, Caroline Kinloch-Jones, Sara Luetchford, Tracy Maunder (disqualified).

In addition, there was an obstacle race in which the Guy's team of Susan Davie, Bethan Rees, Karen Roe and Yvonne Sidebotham finished second.

ORCHARD LISLE SWIMMING POOL Hours of Opening

Monday, 0800–1730 hours (club sessions 1800–1930 hours).
Tuesday, 0800–1730 hours (club sessions 1800–1930 hours).
Wednesday, 0800–1730 hours (club sessions 1800–1930 hours).
Thursday, 0800–1730 hours (club sessions 1800–1930 hours).
Friday, 0800–1900 hours.
Saturday, 0800–1430 hours.
Sunday, closed.

Monday to Thursday, the last ticket is sold at 1730 hours and swimmers are asked to be out of the water by 1745 hours, so that the club sessions can start promptly at 1800 hours.

On Friday there is no club session, the last ticket is sold at 1900 hours and swimmers are asked to be out of the water by 1915 hours.

On Saturday the last ticket is sold at 1430 hours and swimmers are asked to be out of the water by 1445 hours. The pool is closed on Sunday.

HOSPITAL INFORMATION

PASS LIST

F.R.C.P.
(May, 1977)

J. K. L. Jones

F.D.S.
January 1977

J. P. Balfe — G. J. T. Howell
B. J. Smith

June 1977

Miss M. E. Morton

Edinburgh

Miss J. R. Goodman — R. V. Leeburn

UNIVERSITY OF LONDON
Ph.D.—Science

Ter Haar, Gail Reinette (Physics)

CENTRAL EXAMINING BOARD FOR DENTAL HYGIENISTS

Certificate of Proficiency in Dental Hygiene
March 1977 Examination

Mrs. M. M. Buchsbaum — Miss T. A. O'Connor
Miss L. M. Downward — Mrs. L. Scott-Simons
Miss A. C. Jarvis — Mrs. J. Y. Spencley
Miss S. J. Leeson — Miss T. A. Turner
Miss L. S. Mason — Mds. B. A. Williams

September 1977 Examination

Mrs. A. A. Brown — Mrs. J. E. Gemmill
Miss H. E. Byatt — Miss K. Martin
Mrs. A. L. Clark — Miss H. Massey
Miss S. J. Cooper — Miss J. O. Norris
Miss M. P. Demajo — Miss E. A. Waller
Miss C. M. Evans — Miss H. G. Wood
Mrs. S. Fernando

GUY'S HOSPITAL DENTAL AND MEDICAL SCHOOL STUDENT INTAKE (October 1977)
2nd B.D.S. STUDENTS

G.S. = Grammar School
Coll. of F.E. = College of Further Education
Tech. Coll. = Technical College
Comp. Sch. = Comprehensive School

Andrews, Miss S. E.	Bishop Fox's Girls' School, Taunton
Baker, R. A.	Tonbridge School
Berry, Miss C. E.	Mount Carmel School
Brampton, D. S.	Sedbergh School
Breckon, J. J. W.	Abbingdon School
Brodie, P. J. A.	Queen Elizabeth Hospital, Bristol
Burr, G. M.	Heys School
Burrows, S. C.	Eisher College
Burson, L.	Mid-Herts College
Carr, D. S. T.	Southwark Tech. Coll.
Cheshire, P. D.	Harrogate Coll. of F.E.
Clark, Miss S. M.	Southampton Tech. Coll.
Clement, G. J.	Clifton Coll., Bristol
Coppock, Miss N. M.	Canford School, Dorset
Cotgreave, M. I.	Bishop Veseys G.S.
Cronshaw, M.	St. Cuthbert's G.S., Newcastle
Davies, Miss S. C.	Colchester County High School
Deacon, Miss E. D.	Folkestone Girls' G.S.
Elvin, N.	Thorne G.S.
Flanagan, Miss D. S.	Kesteven and Grantham Girls' School
Fogg, M. J.	Downside
Fox, Miss M. J.	Leeds Girls' High School
Gealer, M. J.	Prince Henry's G.S., Evesham
Giel, Miss H. M.	Princess Mary's School, Halifax
Gillespie, I. H. S.	Skinners School, Tunbridge Wells
Gilmore, J. C.	Clifton College
Grave, K. A.	Calder High School
Green, Miss S. L.	Wimbledon High School
Habberfield-Bateman, G.	Davies Lang and Dick College
Harley, Miss K. E.	Wycombe School
Hart, A. J.	Imberhorne School
Hooper, J. W. D.	Davies' College
Irons, Miss J. M.	Cornwall Tech. Coll.
Jagsi, S.	Woodhouse G.S.
Jenkins, E. A.	Aberaeron Comp. Sch.
Jenkins, Miss J.	Llanelli Girls' G.S.
Kettle, J. S.	Devonport High School
Knights, S. P.	Northampton School
Lawson, R. P.	Plume School, Morden
Lester, Miss K. D.	Bournemouth School for Girls
Lodge, N. J. B.	Durham School
Maddison-Roberts, A. P.	St. Dunstan's
Marshall, C.	Brunt Clife College
Martin, Miss G. B.	Queens Comp. Sch., Newport
Mehta, Miss A.	King Edward VII School, Sheffield
Merivale, C. W. H.	Davies' College
Middleton, K. G.	Whitgift School
Milne, Miss B. A.	Helston School, Cornwall
Mitchell, C. N. T.	Lycée Français de Londres
Mudhar, N. S.	Eastham College
Nobbs, Miss G. M.	Bexleyheath School
Pennington, J. C.	North-East London Poly.
Percival, H. R.	Orpington Coll. of F.E.
Phillips, Miss L. A.	Ardwyn G.S.
Portelly, Miss A. M.	Dean Close School, Cheltenham
Radford, D. R.	Brighton, Hove & Sussex 6th Form College
Schaller, Miss L. S.	Woodford Co. High School
Sedgwick, Miss A. M.	St. Peter's School, Bournemouth
Silcock, J. D. E.	Epsom College
Stephenson, Miss P. A.	Portsmouth High School
Suchett-Kaye, G. H. P.	Hogarth Tutorial Coll.
Ter-Berg, M.	Imberthorne School
Thomas, Miss C. A.	Bishop Wand C. of E. School
Thomas, R. D. L.	Sunbury School
Williams, Miss J. A. E.	Imberhorne School
Winchester, Miss L. J.	Dorchester G.S.
Wise, J. P.	Abingdon School
Yellowley, P. J.	Bexhill G.S.

BASIC MEDICAL SCIENCES STUDENTS

Akle, Miss A. A.	Sutton High School for Girls
*Ambrose, Miss C.	Tonbridge House School
Baranowski, A. P.	Ysgol Glan-Y-Mor, Pwllheli
Barnicoat, Miss A. J.	Maidstone G.S.
Barrett, P. J.	Bridlington School
*Batham, D. R.	Stockport G.S.
Beechey-Newman, N.	The King's School, Canterbury
Bellamy, D. C.	Wellingborough School
Blight, A. P.	Bishop Vesey's G.S., Sutton Coldfield
Britton, Miss A. L.	Newman R.C. School, Glamorgan
Broughton, L. J.	St. Joseph's Academy, Blackheath
Brown, Miss S.	The Mount School, York
Cant, Miss J. M.	Bacup & Rawtenstall G.S.
Chryssides, Miss M. E.	Francis Holland School, N.W.1.
*Clough, Miss H. A.	Cheltenham Ladies' Coll.
Cook, R. G.	Sherborne School
Cooke, Miss V. A.	Stratford-on-Avon G.S. for Girls
Crook, M. A.	Billericay Comp. Sch.
Dare, Miss E. K.	Clarendon House G.S., Ramsgate
Davies, D. W.	Sutton High School for Boys, Plymouth
Deverrell, M. A.	Bournemouth Coll. of Tech.
Dickson, R. N.	Borden School, Kent
†Epps, M. A.	Hendon Senior High School
Evans, M. R. W.	Solihull School
Evans, Miss S. G.	Howell's Sch., Llandaff
Fellows-Smith, J. W.	Dulwich College
Fung, Miss D. A.	North London Collegiate School
Gaffney, M. St. J.	Bexhill G.S., E. Sussex
Gain, R. T. G.	Watford G.S.
Gilbert, Miss A. C.	Sutton High School for Girls
Glazebrook, M.	Shene College
Gothill, M. L.	Latymer Upper School, Hammersmith
Gray, P. S.	Imperial College of Science and Tech.
Gregson, S. N.	Whitgift School
Hainsworth, P. J.	Kingsway-Princeton College, Holbrn
*Halse, G. G.	Bedford School
Helan, S. A.	St. Peter's College, Oxford
Hett, D. A.	Hatfield College, Durham University
Hettiaratchy, Miss M.L.	Ursuline High School, Ilford
Horn, D. N.	Merchant Taylors' Sch.
Iredale, M. J.	Mark Hall Comp. Sch., Harlow
Jackson, R. F.	St. Edmund's College, Ware
James, Miss A. F.	Durham University
Johnston, S. L.	Brockenhurst College
†Jones, N. S.	
Kalra, D.	
Kapur, Miss A.	King Edward VI G.S. for Girls, Handsworth
*Khan, S. S.	Hendon School, London
Lau, R. K. M.	Leys School, Cambridge
Lee, N. B.	Churchfield School, Swindon
Leonard, I. J.	Leigh College, Lancs.
McLuckie, Miss A.	Dame Alice Harper School, Bedford
Mak, V. H. F.	Hove County G.S.
Marsh, M. S.	Manshead School
Maule, L. C.	Harrogate G.S.
*Melville, D. H.	Epsom College
Miles, K. A.	Royal G.S., Colchester
Millman, A. G.	Plymouth College
Mims, N. C.	Haywards Heath College
Morgan, Miss F. A.	City of London School
Morgan, S. J.	Perse Sch., Cambridge
North, J. K.	Henley 6th Form Coll.
O'Driscoll, J. P.	Downside School, Bath
Orchard, Miss J. A.	Beaverwood School, Chislehurst
Osterloh, I. H.	Bristol University
Page, N. P. F.	St. Nicholas G.S., Northwood
Parker, Miss S.	Brunts School, Mansfield
Parry, D. G.	Eifionydd Sec. School, Portmadoc
Patel, A. K.	Forest School, London
Penney, O. J. St. J.	Malvern College
Phelps, Miss H. G.	City of Worcester G.S.
Raichura, V. K.	Ashton-under-Lyne G.S.
Rankin, J. S.	Davies' College
Rasbridge, S. A.	Pen-Y-Dre High School, Merthyr Tydfil
Rastogi, S.	Leamington College
Richards, Miss D.	Wren School, Wellington
*Rimmer, J. A. P.	Godalming College
Ross, Miss J. S.	Queens College, London
Rowley, Miss M. R.	Langley G.S., Slough
Ruddell, Miss S. H. E.	Sir William Turner's Sixth Form College
*Scott, J. G.	Sherborne School
Shaw, Miss E. J.	Normanton G.S.
Sinclair, Miss A. J.	Lady Margaret Hall, Oxford University
*Stephenson, Miss J. E.	The Spenymoor Comp.
*Teo, Y. T. G.	Oxford Coll. of F.E.
Viagappan, M.	St. Mary's G.S., Bexley
Van't Hoff, W. G.	Shrewsbury School
Walker, G. D.	Haberdashers' Aske School, Elstree Plympton G.S.
Ward, Miss J. A.	Kesteven and Grantham Girls' School
Warren, S. J.	Itchen College, Southampton
Weighell, R. D.	Kemnal Manor School, Sidcup
Whitbread, T.	Borden School, Sittingbourne
Williams, A.	Dauntseys School, West Lavington
Williams, D. T.	Ysgol Eifionydd, Portmadoc
Wood, A. M.	Blackpool Collegiate Sixth Forth
Woodhead, P. M.	Whitgift Sch., Croydon
Woods, D. A.	Ormskirk G. S.

*King's students
†Dentally qualified

PRELIMINARY MEDICAL AND DENTAL STUDENTS

Barratt, Miss E. M.	Wickham G.S.
Bartlett, C. I.	Salesian College, Farnborough
Batterbury, M.	Brentwood School
Bethel, Miss K. A. L.	Bedales School
Cowland, G. N. D.	Dulwich College
Curtiss, F. E.	St. Marylebone G.S.
Foley, M.	St. Bede's School. Co. Durham
Ginnity, Miss S. M.	Boswell School
Hancock, Miss E. C.	Goyt Bank School, Stockport
Hart, M. F.	Cheltenham G.S.
Lancaster, T. R.	Corpus Christi College, Oxford
Leigh, Miss M. F. M.	University of York
Lloyd, K. R.	Aylesbury G.S.
McDonald, Miss S. K.	Mchill Univ., Montreal
Rawcliffe, J. F. X.	The Ecclesbourne Sch., Duffield
Sartori, Miss P. C. E.	Sommerville College, Oxford
Shaw, Miss J. M.	Girton Coll., Cambridge
Spencer, A. G.	King Edward VII Sch., Bury St. Edmunds
Storr, Miss E. F.	Kingsway-Princeton College
Tresidder, A. P. T.	Sherborne School
Thomas, Miss F.	Henrietta Barnet School
Tucker, Miss I.	Camden School for Girls
Yeates, Miss C.	The Bishop Gore Senior Comp. Mixed School, West Glamorgan

Guy's School of Physiotherapy
STUDENTS COMMENCING TRAINING
September 12th, 1977

ANDERS, Elizabeth Mary, Greenhill High School, Rochdale, Lancs.

BEATTIE, Fiona Susan, Wentworth Milton Mount, Bournemouth.

BENSTED, Janet, Ravensbourne School for Girls, Bromley, Kent.

BLAKEY, Joanne Christine, Rutherford School, Newcastle-upon-Tyne.

BROWN, Valerie Margaret, Brighton & Hove School, GPDST, Sussex.

CARLTON, Judith Ann, The Round House, Oakham School, Oakham, Rutland.

CHAMPION, Hilary Jane, Highcliffe Comprehensive & Brockenhurst College, Hants.

CLARK, Fiona Elizabeth, Maidstone Girls' Grammar School, Maidstone, Kent.

DART, Jennifer, Chancellors Secondary School, Hatfield, Herts.

DOWNS, Jennifer Rosamond, Queen Ethelburga's School, Harrogate, Yorks.

DUNN, Ann Carolyn, Ashford School & Canterbury College of Technology.

DUBOVIE, Eve Ruth, City of London School for Girls.

GIBSON, Julia Dorothy, Maidstone School for Girls, Maidstone, Kent.

HAZELGROVE, Jane Caroline, Brighton & Hove High School, GPDST, Sussex.

HEARN, Judith Maria, Cheltenham Ladies' College, Cheltenham, Glos.

JARDINE, Gwendoline Margaret, Chorlton High School & Sheffield High School for Girls, GPDST.

KING, Marcia Carolyn, Ravensbourne School for Girls, Bromley, Kent.

KIRBY, Alison Jane, Ipswich High School, GPDST, Ipswich.

LAMB, Jane, Dartford Girls' Grammar, Dartford, Kent.

LINDRIDGE, Monica Fay, Hazelwick Comprehensive, Crawley, Sussex.

LOARING, Hilary Anne, Henley-on-Thames Grammar & Haywards Heath Sixth Form College.

MACKETT, Lynne, Reynolds High School (formerly Acton County Comprehensive).

MAUNDER, Tracy Debra, Charles Edward Brooke School, London, SW9.

McGRATH, Karen Mary, St. Michael's Convent, London, N12.

MELLOY, Anne-Marie, The Queen's Girls' *School & The Wisbech* Grammar, Cambs.

PILCHER, Alison Mary Berenice, Herts & Essex High, Herts. & U.C. Buckland.

POOLE, Amanda Jane, Overwater School & Kent School, Germany.

RICKS, Elizabeth Emily, Malmesbury School, Wilts.

ROBERTS, Merian Llewelyn, Dinas Bran Comprehensive & Howell's School, Denbigh.

RUSHMER, Rosemary Kathleen, Hewett Comprehensive School, Norfolk.

SHEEHAN, Roisin Maire Cecelia, Farnborough Hill & Colchester County High School, Essex.

SIMMONS, Susan Jacqueline, Orange Hill Senior High School.

SMITH, Caroline Reynolds, Badminton School, Bristol & Davies, Laing & Dick, London.

SUNTER, Jill, Ferryhill Comprehensive School (Formerly Grammar) & Reading University.

TAYLOR, Janice Irene, Cheadle Kingsway County Secondary School & Macclesfield College of Further Education.

WELLS, Diana Jane, The Kingsley School, Leamington Spa & Stratford-on-Avon, Grammar School.

WEST, Jennifer Lesley, Dunottar School, Reigate & Godolphin School, Salisbury.

WHEELER, Bridget Clare, Colchester County High School & Queens College, London.

WHELLENS, Helen Sarah, Howell's School, Denbigh.

WILLIAMS, Ann Carolyne, Brighton & Hove, High School GPDST, Sussex.

BIRTHS

GOODHART—To Kathleen and Robert Goodhart on 19th September 1977, a daughter, Kim Elaine.

TAFT—To Christine (née Lane) and George Taft on 21st August at Georgetown University Hospital, Washington D.C., a son, Simeon John, a brother for Charlotte, Oliver and Justin.

ENGAGEMENTS

The engagement is announced of Miss S. C. Lee and Mr. K. McKinlay.

The engagement is announced of Mr. Stephen Myers and Miss Hilary Thompson.

The engagement is announced of Mr. Neil Braid and Miss Mary Cummins.

MARRIAGES

Robert and Penny Buist, married quietly in S.E. London on Saturday, 15th October.

DEATHS

SELBY-BROWN — Henry Selby-Brown, L.D.S. (1926), M.R.C.S., L.R.C.P. (1928) died on 4th October, 1977

CHANGES OF ADDRESS

Dr. J. A. Baker, c/o MRC Epidemiology Unit (South Wales), 4 Richmond Road, Cardiff CF2 3AS. Tel. Cardiff 490376.

Drs. N. D. S. and D. E. Bax, The Ridge, 16 Ranmoor Cliffe Road, Sheffield S10 3HB.

Christopher and Marianne Gilbert, 19 Fen Street, Nayland, Nr. Colchester, Essex.

Mr. C. J. T. Howell and Mrs. T. A. Howell (née Teare), 81 Kidbrooke Road, Blackheath, London SE3 0LQ. Tel. 01-853 0891.

Mr. N. P. Clive Mathews, L.D.S., 11a Decoy Drive, Eastbourne, Sussex BN22 0AB.

Dr. John K. Morgan, Cranimoor, Kirby-in-Cleveland, Middlesbrough, Cleveland TS9 7AN. Tel. Wainstones 373.

Chris and Cynthia Newman, "Weatherfox Cottage", Manor Farm Lane, Tidmarsh, Nr. Pangbourne, Berks. Tel. Pangbourne 2561.

PAPERS BY GUY'S MEN

Adinolfi, M. Human complement: onset and site of synthesis during fetal life. **American Journal of Diseases of Children,** 1977, **151** (9), 1015.

Alberman, E. D., Morris, J. N. *and* Pharoah, P. O. D. After court. **Lancet,** 1977, **2,** 393-396.

Alberman, E., Pharoah, P. *and* Chamberlain, G. Smoking and the fetus. (Correspondence.) **Lancet,** 1977, **2,** 36-7.

Benson, P. Diagnosis of enzyme defects. **General Practitioner,** 1977, **20,** Apr. 22.

Berry, C. Aims of prenatal diagnosis. **General Practitioner,** 1977, **20,** Mar. 25.

Blunt, S., Berry, A. C., Seller, M. J. *and* Vaughan-Williams, C. A. Prenatal recognition of 4p syndrome. **Journal of Medical Genetics,** 14 (3), 1977, 232-3.

Cawson, R. A., Binnie, W. H. *et al.* The advantage of xeroradiography for panoramic examination of the jaws and teeth. **Journal of Periodontology,** 1977, **48,** 467-472.
Gianelli, F. DNA repair and tumours of the skin: xeroderma pigmentation as a model. **Proceedings of the Royal Society of Medicine,** 1970, **70** (6), 388-395.

Jarrett, R. J., Keen, H., Fuller, J. H. *and* McCartney, M. Treatment of borderline diabetes: controlled trial using carbohydrate restriction and phenfomin. **British Medical Journal,** 1977, **2,** 861-5.

Kelberman, L. *and* Birchnell, C. A. Kodak AHU 35mm microfilm for general purpose use. (Correspondence) **British Journal of Photography,** 1977, **124,** 6101.

Longhurst, P. Management of injured anterior teeth in children. **Dental Update,** 1977, **4,** 313-324.

Morrison, P. J., Bradbrook, I. D. *and* Rogers, H. J. Plasma prednislone levels from enteric and non-enteric coated tablets edimated by an original technique. **British Journal of Clinical Pharmacology,** 1977, **4,** 597-603.

Panayi, G. S., Poston, R. N., *and* Corrigall, V. Inhibition of antibody-mediated lymphocyte cytoxicity by aggregated human immunoglobin G. **Annals of the Rheumatic Diseases,** 1977, **36,** Supplement pages 59-63.

Polani, P. E. Who's for amniocentesis? (Correspondence) **Lancet,** 1977, **1,** 1099.

Seller, M. J., Dumon, J. E., *and* Van Heyden, J. S. D. Amniotic fluid AFP in multiple pregnancy. (Correspondence) **British Medical Journal,** 1977, **1,** 1600.

Vale, J. A. *and* Scott, G. W. Corynbacterium Bovis as a cause of hernai disease. **Lancet,** 1977, **1,** 682-4.

Wass, V. J. *and others.* Gonadotropin-releasing hormone. (Correspondence) **New England Journal of Medicine,** 1977, **297,** 726.

Wedley, J. R. Tomorrow's medicine and yesterday's doctors. (Correspondence) **Hospital Undate,** 1977, **3,** 537.

Williams, B. D. *and* Slaney, J. M. Macromolecular C3: an indirect marker of circulating immune complexes. **Annals of the Rheumatic Diseases,** 1977, **36,** Supplement pages 37-39.

Batchelor, J. R., Kennedy, L. A. *and others.* Inheritance of idiopathic haemochromatosis. (Correspondence) **Lancet,** 1977, **2,** 504.

Clark, T. J. H. *and others.* Physiological patterns in early morning asthma. **Thorax,** 1977, **32,** 418.

Fernow, L. C., McColl, I., Mackie, C. *and* Rendall, M. An analysis of the use of problem oriented medical records (POMR) by medical and surgical house officers: factors affecting use of this format in a teaching hospital. **Medical Education,** 1977, **11,** 341-6.

Gardiner, P. A. Vision screening in pre-school children. (Correspondence) **British Medical Journal,** 1977, **2,** 577.

Gibson, T. The one that nobody can afford to miss. **Modern Medicine in Rheumatism,** Supplement Sept. '77, 10-12.

Gow, P. J. *and* Gibson, T. Dysphagia due to vertical subluxation of the axis in rheumatoid arthritis. **Rheumatology and Rehabilitation,** 1977, **16,** 155-157.

Harkness, A. J. L., Bury, H. C. *and* Graham, R. A trial of Feprasone in ankylosing spondylitis. **Rheumatology and Rehabilitation,** 1977, **16,** 158-161.

Haskell, R. The bleeding tooth socket. **Modern Medicine,** 1977, **22,** 60.

Higenbottam, T., Hamilton, D. *and* Clark, T. The practical effect on the measurement of airways resistance of a preceding, deep inhalation or exhalation in normal subjects with and without *broncho-construction.* ***Clinical Science and*** **Molecular Medicine,** 1977, **53,** 2.

Hiiemae, K. The motivation of students in a London dental school and some of their reactions to the B.D.S. course. **British Dental Surgery,** 1977, **143,** 141-146.

Jackson, K. M., Joseph, J. *and* Wyard, S. I. Sequential muscular contraction. **Journal of Biomechanics,** 1977, **10,** 97-106.

Parsons, R. L. *and another.* Hyperlipidaemia. **Update,** 1977, **15,** 295-304.

Sowton, E. Effects of atenolol in angina. **Postgraduate Medical Journal,** 1977, **53** (Suppl. 3), 90-93.

Sturzaker, H. G. Noctural infusions. (Correspondence) **British Medical Journal,** 1977, **2,** 640.

Thaomas, B. J., Jarrett, R. J. *and* Keen, H. Breakfast and Crohn's disease. *(Correspondence)* **British Medical Journal,** 1977, **2,** 641.

Watts, A. *and* Patterson, R. C. Simple metallic compounds as pulp-capping agents. A pilot study. **Oral Surgery, Medicine and Pathology,** 1977, **44,** 285-292.

Wusteman, M. C. *and* MacDonald, I. The effect of glycerol and other intermediates on the incorporation of 14c-fructose and 14c-glucose to hepatic triglycerine. **Metabolism,** 1977, **26.**

DENTAL DIRECTORY

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GUY'S HOSPITAL GAZETTE

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MONTHLY 26 NOVEMBER 1977 VOLUME 92 NUMBER 2276

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

No to Politics?

The students at Guy's again rejected by a large majority the notion of affiliating to the NUS. Does this mean that Guy's students have little interest in national student politics? I suspect that the answer is "yes", because Medical and Dental Students tend to identify with their subsequent professions rather than with other students. This problem is particularly acute in the University of London, where students rarely contact members of other schools and colleges. Where the students of one school—such as Guy's—are in addition all members of one faculty a parochial attitude is further encouraged.

The "no" vote however indicates more than an introverted profession and student body. The NUS has a case to answer. From the outside it seems that the activists in the Union are rather elderly "students". Furthermore, by definition almost, the NUS leaders cannot be representative in the strictest sense, as most students have not the spare time to give to politics. Some would say that it is ridiculous that students should have a trade union at all. After all, being a student is not a trade—merely a state of affairs. Thus students have no "industrial muscle"—the usual method of forcing a reluctant government to give union members the best deal. To be sure, a student strike or sit-in makes the headlines, but can never bring the country to a halt.

A matter of conscience in any question of union membership is the acceptance of pay (or grant) awards negotiated by the union, whilst remaining outside it. This is a powerful argument in favour of joining the NUS, although many vehemently assert that the grant increases have been given in spite of the NUS rather than because of it. Unfortunately there is no way of knowing the truth as neither the Department of Education nor the NUS is likely to take part in a double-blind controlled grant-negotiation trial!

The sometimes heated discussions did ensure a good turn-out at the referendum, showing that "Guy's apathy" does not reign supreme. But British student politics seem to be tame compared to the Continental Universities. The article in last month's *Gazette* by a student from Cologne nicely shows what a placid lot we are at Guy's. The only pamphleteers here are from the Theatre and Music Clubs. We may settle down therefore to a further year at least of apolitical life, but the question of NUS membership is bound to rise again.

In or Out?

What should determine the admission of an applicant to Medical School? This question has again been raised following the recent Issues in Health Care Group meeting which investigated national trends in general and Guy's admission policy in particular.

Guy's has no quota system based on religion or race and this is to be welcomed. Quotas are of their very nature discriminatory, and tend to institutionalise racialism. Any efforts to introduce such a system in this country should be discouraged, to avoid the anguish now seen in the United States where a would-be medical student has claimed to be the victim of quotas.

If quotas are dismissed then students should be admitted "on their merits". But on what merits? The interviewing panels could not see all applicants, so some sifting mechanism is essential. Inevitably this is the academic record and head teacher's report. One would hope that students with mediocre academic records are thus considered for admission if the head teacher's report shows them to be "good all rounders" who could give to Guy's as well as receive from it. This no longer means just rugger players —in fact it would seem that for Guy's, hockey is a better bet on the UCCA form!

Many medical schools have abolished "the interview" to avoid allegations of discrimination because of social background. Presumably in these cases, even more weight is given to exam results and the UCCA form. This is understandable, but at least the interview ensures a wider range of students can be considered for admission and that nearly all those admitted can "stay the course" to become qualified. An alternative which some advocate is to admit all applicants to a greatly enlarged BMS course, and viciously to prune out the poor performers in the first term. This might allow the minority who do badly at school but who fit well into university to become doctors or dentists. Such a course however would be a nightmare to organise and to execute.

Now that the new curriculum seems to be settling down, perhaps admission procedure will be the next item for an overhaul. Let us make haste slowly.

NOTICE

The Dennis Deuchar Memorial Fund will be closing shortly, and any contributions should reach the Dean as soon as possible (cheques payable to Guy's Hospital Medical School).

NEWS IN BRIEF

Recent appointment

We offer our heartiest congratulations to Mr. Peter K. Peace, B.Sc., F.R.C.S., upon his recent appointment to the Cornwall and Isles of Scilly A.H.A. as Consultant in Orthopaedic and Traumatic Surgery.

Radiography Correspondent

We welcome Jill Guest, Deputy Superintendent Radiographer in Guy's Tower X-ray department as our regular radiography correspondent. Jill trained at Guy's Hospital and has been working here for the past six years. We look forward to a long and happy association.

Farewell Mr. Pyne

Mr. A. G. Pyne, well known to many Guy's staff and students, has been promoted and has left the Southwark branch of the Nat. West. He sends his warm regards to all those whom he was not able to see before he left. We wish him well.

Snowflake Ball

Double tickets are now on sale at £10 for this Greco-Roman extravaganza to be held in Boland House (East Wing).

Medical and Dental Directory

Over the past few months we have received a great many enquiries concerning the Medical and Dental Directories. The 1969 Directory (Medical, Dental and Administrative) is still available from the Medical School Office at the reduced rate of 50p compared to the 30s. 0d. of 1969.

Dr. Johns, the Sub-Dean for Dental Studies, is currently compiling a Guy's Dental Directory which he hopes will be complete by Annual Clinical Day next March. If the Dental Directory is a success the Medical School is prepared to re-consider a new Guy's Medical Directory, employing the University of London's printers.

We will still continue to campaign for a new Medical and Dental Directory.

Christmas Stall

The Friends of Guy's Hospital will hold their annual Christmas Stall in the Colonnade of Guy's Hospital from Monday 5th December till Friday 16th December, 1977.

There will be the customary choice of toys and woollen garments, and other Christmas gifts.

Gifts for sale and offers of help will be welcomed.

Please contact: Mrs. A. C. Campbell, Honorary Secretary, Services Branch, Friends of Guy's, Guy's Hospital.

Has anyone seen . . .

A Pantomime Horse possibly wearing a werewolf mask, has been reported missing from the Club's Union Office. If you come across this animal its disconsolate keeper Mr. Dave Denning would be pleased to hear from you.

Catering Manager Retires

Mr. R. W. Reading the District Catering Manager retires on 31st October. He will however, continue to provide advice on catering matters and to manage the Robens Suite on a part-time basis.

For or against?

A poster seen around the Hospital bears the legend "NUPE opposes cuts in the public sector". To one a wit has added "GU surgeons for cuts in private parts"!

Games at Guy's

The Special Trustees are providing finances for the building of two tennis courts and four squash courts with attendent changing facilities. Work has already begun on the site behind the Tower and overlooked by Wolfson House. These new facilities will be for the use of the Guy's Health District Staff and it is hoped that students will also be able to use them, with the permission of the Staff Club. It is planned to landscape the surrounding land after completion of the buildings, which is anticipated for the summer of 1978.

Developments and Plans

The Intermittent Dialysis Unit is to move to Sarah Ward for about eight months early next year, so that major remedial work can be done on Bostock House. The planned improvements include installation of a new water de-ionising plant.

At about the same time, Hunt's House will see yet another major upheaval, with the conversion of the old X-ray department on its ground floor into a suite of rooms and theatre for the cardiac surgeons. The suite will house a new piece of equipment for cardiac catheterisation, purchased by the S.E. Thames R.H.A. The throughway between outpatients and Hunt's House will be closed for the duration—problems should be referred to the Development Works Department.

Weston Street Entrance

Soon traffic congestion at the back of Guy's will be relieved (we hope) by making the main vehicular entrance to Guy's in Weston Street by Sparrick's Row. This may make Wolfson House a noisier place to live—and it is suggested, will permit closer supervision of car-parking in the area.

Prize Essay in Human Nutrition

The British Nutrition Foundation will support an undergraduate student from any medical school in the United Kingdom for a period of three months study in a research centre or university department in an overseas country where undernutrition is prevalent. Candidates for the studentship should present an essay on a subject of human nutrition of their own choosing. Essays, which should be up to 2,500 words in length with a bibliography of not more than 20 references, must be sent to:

The Secretary, The British Nutrition Foundation, 15 Belgrave Square, London, SW1X 8PS before 30th April 1978.

Essays should be typed or written in black ink to facilitate photocopying.

Any of the essays submitted may be published in the Foundation's Nutrition Bulletin and, if so, a fee of £25 will be paid.

As a Naval Medical Cadet you'll get a lot out of life. £2,636 a year for a start.

If you have passed your 2nd MB (or equivalent) and you pass our selection board, we can offer you £2,636 a year for your final three clinical years.

You can spend your elective periods at a Naval hospital in the UK or abroad.

And, after qualifying, spend your pre-registration year at your own teaching hospital or in one of the recognised posts at our UK Naval hospitals.

On registration, you will start your 5-year Short Service Commission as a Surgeon Lieutenant.

At sea.

After a short Officers course at the Royal Naval College, Dartmouth, and a basic course in maritime medicine at the Institute of Naval Medicine, Alverstoke, you will normally go to sea for about 12 months.

You will be responsible for the medical care of some 250 to 500 men in your ship (and advise the Captain on health and environmental problems).

You will not lose touch with modern medicine, as you can visit local hospitals in ports of call and use the teaching aids provided by your Naval tutor.

Postgraduate training and specialisation.

After your sea-time, career counselling will determine your postgraduate training programme.

There are opportunities for General Professional Training in preparation for a clinical career in general practice, the hospital specialities, or the medical scientific disciplines such as Aviation, Underwater, Submarine and Nuclear Medicine; or in Occupational and Community Medicine.

If you decide to transfer to a 16-year pensionable Commission, or a permanent Commission, you could move on to recognised higher training programmes which include research training and higher training posts in civilian units.

At Alverstoke, the Dean of Naval Medicine co-ordinates postgraduate medical training and research.

Naval hospitals.

The two largest are at Haslar (near Portsmouth) and Plymouth. They undertake the care of Naval personnel, their families and NHS civilians, providing a broad spectrum of clinical material. Both hospitals are recognised for higher training in the major specialities.

There is a full range of modern, technical equipment, and the nursing and para-medical staff are highly skilled.

Salary.

As a Surgeon Lieutenant, your basic salary on registration will be £6,517, rising to £7,236 after 4 years.

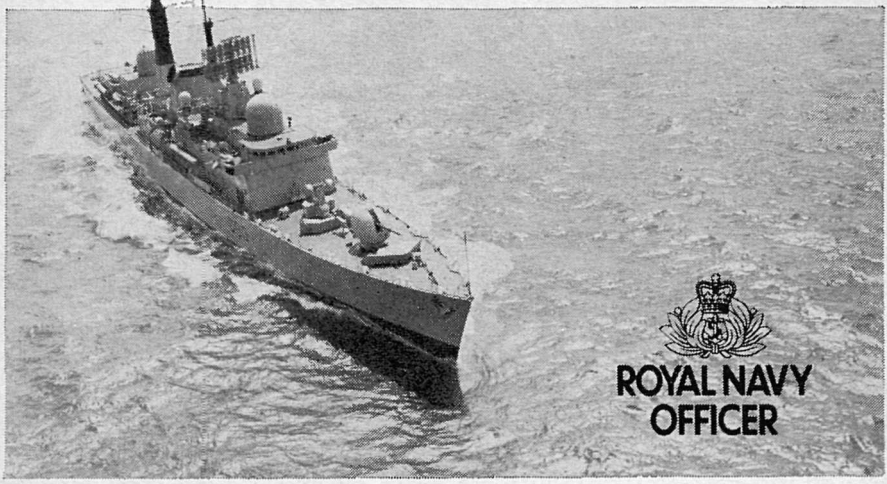
At the end of your 5-year Commission, you can leave with a gratuity, and possibly with higher qualifications.

Or you can apply for a 16-year pensionable Commission or a permanent Commission.

The salary structure is based on an analogue computed from the average earnings of general practitioners in the NHS, with an additional X factor. There is extra pay for recognised post-graduate qualifications and Senior Specialist or Consultant status.

If you are posted overseas, you can, of course, take your family with you.

For more information, write to Surgeon Commander H.B. Blackstone, MRCS, LRCP, MRCGP, RN, (26GR), Medical Directorate General (Navy), Ministry of Defence, Empress State Building, London SW6 1TR.



London Medical Group conference

The 15th Annual Conference of the London Medical Group entitled "Pain: A Necessity?" is to be held on Friday and Saturday, 10th and 11th February 1978 at Charing Cross Hospital Medical School, Fulham. Conference fees are £10 (£2 for students) and the conference has Section 63 recognition for general practitioners.

Applications will be accepted from the 1st January 1978, and the closing date is 3rd February. Applications are available from the Conference Convenor, London Medical Group, Tavistock House North, Tavistock Square, London, WC1H 9LG.

It's spitting again!

Gazette staff have heard the first grumbles among Freshers about the quality, price and variety of Spit food; a seemingly never-ending source of dissatisfaction. It is therefore timely to tell new students and to remind others that there is a Suggestions Box in the Spit for your helpful and constructive criticisms. If the authorities realise that they are dealing with a good class of customer much may yet be achieved! N.B. Customers who persist in putting salt in the sugar containers deserve all they get.

Fluoridation in Scotland

Strathclyde Regional Council which has responsibility for water supplies in Scotland, has agreed to progressively fluoridate the water in the regions served by the four health boards of Argyll and Clyde, Ayrshire and Arran, Greater Glasgow and Lanarkshire. This is the first Regional Council to do so in Scotland.

Dates from the Medical and Dental Diaries

Monday 12th November: Basic Medical Sciences Examinations (1st and 4th term examinations) begin.

Entry forms for Final M.B. B.S. Examination (Old Regulations—obtainable from Medical School Office) must be left in the Medical School Office not later than this date.

Friday 16th December: Winter term ends.

Monday 19th December: Final Conjoint Examination begins.

Sunday 25th December, Monday 26th December and *Tuesday 27th December:* Medical School Office closed.

Monday 9th January: Spring term begins.

Carol Service

The Hospital Service of Nine Lessons and Carols will be held in the Chapel at 7 p.m. on Tuesday 13th December.

Music Club

Guy's Hospital Music Club will be performing J. S. Bach's Christmas Oratorio (parts I, V and VI) in Southwark Cathedral on Wednesday 7th December at 8 p.m. Tickets, price 40p, will be available in the Colonnade at lunchtimes from 30th November, or from the Music Club Secretary, c/o East Wing.

OBITUARY

DR. RONALD CHARLES MACKEITH

Ronald Charles MacKeith, D.M. (Oxon), F.R.C.P., D.C.H., born on 22nd February 1908, died suddenly on 30th October.

Ronnie was a very special person. He had been a close friend for thirty years, during which time I had come to appreciate and admire increasingly his qualities of loyalty, gentleness and unfailing professional dedication to the cause of children. We first met shortly after the end of the war while I was a junior RMO at the Evelina and he had just been appointed paediatrician to Guy's. Our friendship started easily and naturally over our common interests in teaching and communication, and in paediatric neurology, a strong feature of Guy's Paediatric Department. His friendship had an intellectually fascinating quality in his persistent inquisitiveness and curiosity, his ever fresh approach to problems, his seemingly casual remarks generally born of deep contemplation of a problem. Equally attractive was the depth of his knowledge and the insight which he brought to a variety of matters concerning children, their illnesses and ills. This quality of insight permeated his clinical work which was unconventionally friendly, outgoing and expansive. He took a genuine part in the sadness of children as in their joys and for ever tried to make such burdens as they had light and tolerable. But though this approach to his patients and their families could be seen to have the quality of an art, his work was really that of an applied scientist; the soundness of breast feeding could not be taken for

granted but had to be proven; daily visiting of children in hospital took its roots in the analysis of deprivation and grief; prevention had to be based on the strict logic of knowledge of mechanisms of disease and causes. He was an insatiable reader and assimilated and retained new things easily and naturally. I was then working on experimental kernicterus. One morning, as I was looking at a section of a rat's brain, he walked into the lab and asked "Can you tell the sex of its neurons?" I said no. He said that Barr could. The evening before he had bought Ham's Histology for his nephew and had read about nuclear sexing. Needless to say his casual question started me off on a new solution to a problem that was puzzling me.

It was his uninhibited approach to problems and people which I, and most of his juniors, found such an engaging and charming trait in his character; natural and without affectation. This same approach could sometimes make him seem odd to his seniors until they came to know more intimately his qualities of friendliness, charm and generosity. For Ronnie was the most generous and hospitable person, given to acts of kindness of a deep perceptiveness and sensitivity. Perhaps, however, his most precious quality was his ability to listen with true empathy. Colleagues and friends were helped by him with wise counsel on innumerable occasions, often in the long hours of the night, never in a hurry, always with gentle thoughtfulness. Not only advice but always practical action immediately followed, for Ronnie was a practical man. Behind the fallacious impression of muddle which Ronnie could give at first meeting him, lay an organised and efficient person able to work indefatigably, effectively and purposefully for long hours. These qualities were to lead him to a position of great influence on paediatrics and child health, particularly in the fields of the handicapped and of paediatric neurology. Right from the beginning, Ronnie was clear on the importance of an approach which considered the child and his symptoms, both physical and psychological, in the setting of his family and society. Equally clear was he about the ever present needs of the handicapped and the continuing support required by them and their families. Logically, he saw the importance of primary prevention of handicap whenever possible and of minimising secondary damage of whatever origin. Against this background he first started at Guy's in 1949 a Cerebral Palsy Advice Clinic; probably a pioneer venture. This later grew and matured into the model Newcomen Centre for Handicapped Children which epitomised Ronnie's organising skills, and his ability to meet and overcome practical problems that others might have found daunting.

However, he was too much aware of the problems of the chronically handicapped, of the need for exact diagnosis and of the skills required for this, to let matters rest there. Thus he became involved in work with spastics —he joined the Medical Advisory Committee of the then young National Spastics Society in 1954—and in the proselytization of colleagues and dissemination of knowledge on cerebral palsy and other chronic handicaps. In 1958, to achieve these aims, he was helped by The Spastics Society to establish The Society's Medical Education and Information Unit and in the same year he started "Developmental Medicine and Child Neurology" (originally the "Cerebral Palsy Bulletin") and the "Clinics" which won him the widest acclaim. Soon after he founded the "Little Club", joined by neurologically-minded paediatricians and by distinguished neurologists alike;

and, supported by The Spastics Society, he started the series of biennial International Conferences at St. Edmund's Hall in Oxford. These memorable multi-disciplinary meetings truly laid the foundations of the new discipline of paediatric neurology and were material, with the publications, in creating a network of experienced people whose work spread widely in this country and abroad and has contributed to the care of handicapped children all over the world. Most of them wear the distinctive blue tie with the red carnation, obviously Ronnie's favourite flower.

Ronnie has written widely and extensively and his writing reflects not only his professional interests but his great appreciation and knowledge of literature and the arts generally. In addition to his many scientific articles, editorials and annotations, he is the author, with distinguished colleagues, of a number of books: on infant feeding, on psychosomatic paediatrics, on children and their symptoms, on developmental screening, on brain dysfunction, and on learning.

His work for children—expressed in his writing, the meetings he organised, and in his example—his creative imagination and his industry and ability, have won him recognition everywhere. In 1972 he received from the British Paediatric Association its highest honour; the James Spence Gold Medal; in 1976, from the Swedish Paediatric Association, the Rosen von Rosenstein Medal and this year the Albrecht-Von-Haller Medal of the University of Göttingen, to mention but a few of the many honours he received.

The news of his sudden death came as a great shock to all of us, and especially to those who, in the week before he died, attended a symposium on prevention organised by him. He was in great form, charming and entertaining, a perfect host and as usual fully possessed of his characteristic ability of communicating and promoting interchange of ideas and information. Loyal to his friends, devoted to children, undivided in his affection to Guy's, a dedicated teacher, we have lost with Ronnie's death a warm and charming friend, a great colleague and a truly remarkable man.

P. E. P.

DR. RONALD MACKEITH

I first met Ronald MacKeith at an interview more than 25 years ago. I had been warned that he was an eccentric person and to expect anything. I was very disappointed as his behaviour was totally unremarkable. From that day onwards, however, I was to learn increasingly what an understatement that was.

Ronald MacKeith had so many exceptional attributes that it is difficult to pick out what really matters. Wisdom was one, clear foresight was another—I have heard people say that he was 20 years ahead of his time and certainly many of the things he advocated, both in paediatrics and in medicine, which were at the time derided, later became commonplace. I suppose one of his outstanding merits was the ability to pick on a minor event and reveal how it was not quite so minor as one thought. The crying child being taken to the X-ray Department, who when asked by Ronnie why he was crying said: "I don't know where I am going"—he stopped crying when told. I remember the event but none of us around, doctors, nurses, students and others, did what Ronnie did—he was an example to all of us—he didn't preach to others, he taught by his personal example and I am sure generations of students and doctors at Guy's and throughout the world

will remember him for this alone. He did, indeed, have a special interest in medical education and, although probably not aware of it, he often would bring out a point by shocking his audience. This would produce initially in some a rejection of his idea, but often the seed would later blossom and his former antagonists would be spreading his thought. His interests, however, were wide and although he had a special interest in the psychological aspects of child health and disease, he was well versed in "organic" paediatrics and was happy in helping unravel the problems of an acute condition. He will always be remembered for his concern for the child and the family and this extended throughout the hospital. It didn't matter to whom he was talking—if he saw a strange face within Guy's grounds looking lost, he would go up to that person and ask if he could help—he regarded himself as the person to do this—and it was totally spontaneous and friendly. Ronnie could always be relied upon to make time to listen to friends and colleagues who had problems and to all those who recognised him warm personality.

There are many other things which I am sure others will say better than I. I can only end by saying that Ronald MacKeith was a great man, who will be missed by many.

Michael Joseph, M.D., F.R.C.P.

A TRIBUTE TO DR. RONALD MACKEITH

It was with grief that we learned of Dr. MacKeith's parting.

As community health workers we owe a debt to Dr. MacKeith for his ability to look beyond the clinical aspects of paediatrics to the society where the infants were nurtured. He had an ability to understand the people in the area where often his frankness provoked their true nature to emerge. In fact his approach was very subtle.

He was well known to the regular clients, who would address him in familiar fashion. They had probably benefited from a long and profound discussion with him at some time, whilst he strove to find the social causes for stress in the child. The gratitude of a mother was expressed when she took his cheeks into her hands and later added that she could have kissed him—he would have loved it!—and another who said, "I am glad you are here to ease my mind or to help my child". Such expressions of gratitude are countless.

On occasions he appeared in court, perfectly attired complete with a beautiful red carnation in his buttonhole to champion the cause of inarticulate parents. Twenty years on a mother comes to honour him for this service.

Dr. MacKeith did not spare himself in his work, and he inspired others by his example. Long hours he worked, when establishing, in the redundant "Angel" in Newcomen Street, the Newcomen Assessment Centre for handicapped children, thus placing Guy's foremost in this field. The centre is now the District Regional Centre housed in the Portacabins.

Many have benefited by attending his clinics in Salomons Centre: doctors, medical students and nurses, and representatives from other countries.

Here they would witness the master at work, in a well baby clinic—"The Welfare". After welcoming the mother, he would take the baby, caress it and congratulate the mother on her beautiful baby and then proceed with the examination from head to the extremities. For the boy baby, special attention being drawn to the external genitalia, with explanation on the procedure in perfect English, so that the Borough mother could understand. He often used to be doused with urine and taking delight in

the fountain, would remark, "That's good". He would kiss the baby and passing the infant to the mother ask if there was anything that she wished to ask. On occasions he would become extremely upset if he felt that breast feeding had been lightly abandoned.

The Health Visitors accounts of the baby's progress would be sought and any remark would be given full consideration. Sometimes desperate situations would present but he would be there to help the mother and child and to help us.

This is how we shall remember Dr. MacKeith, whom we do not feel has left the scene.

His inspiration carries on.

B. Blum,
M. Theisen,
Health Visitors,
Salomons McNair Centre.

Let us remember Ronnie for the fun he has given us, for his great generosity, his parties, delicious food and fine wines; his conferences, and he the subject for impersonation in some of the most hilarious Residents' Plays.

T.

SIR LINDSAY RIDE

We were saddened to hear of the death of Sir Lindsay Ride, C.B.E., Professor of Physiology and Vice-Chancellor of Hong Kong University, he was 79.

An Australian, and son of a Presbyterian Minister he was educated at Colleges in Melbourne, New College, Oxford, and Guy's. Sir Lindsay entered Guy's in 1925, qualifying conjoint in July 1927, and B.M., B.Ch. in July 1928. He served with the Australian Imperial Forces in the First World War and accepted the Chair of Physiology at Hong Kong University in 1928, holding it until 1952. As Commander of the Medical Section of the Hong Kong Volunteer Defence Corps, Colonel Ride played an active rôle in the short term resistance to the Japanese, escaping from a prison camp in 1942 to organise the British Army Aid Group directing anti-Japanese intelligence in South China.

He received the O.B.E. in 1942, the C.B.E. in 1944 and was knighted in the New Year's Honours List of 1962. Sir Lindsay also had conferred upon him the honorary degrees of LL.D. by the Universities of London, Melbourne and Toronto, as well as Hong Kong.

Sir Lindsay is survived by his widow, the former Miss Violet May Witchell, whom he married in 1954, and two sons and two daughters from a former marriage. We offer them our deepest sympathies.

DR. T. L. REEVES

Dr. T. L. Reeves, senior physician to Queen Mary's Hospital, Sidcup, died on 11th October at the age of 58.

He entered Guy's in October 1937 and graduated M.B. in February 1943. Dr. Reeves went to Queen Mary's Hospital at the end of the war. He was to spend the rest of his professional life there. Tony Reeves was admitted M.R.C.P. in 1946, awarded the M.D. in 1948, and elected F.R.C.P. in 1970. He was very much involved in the planning of the new Queen Mary's, opened in 1974 and intended to replace the original hospital which consisted of a conglomeration of huts built in the 1914-18 war, mainly to serve as a military hospital for facial and plastic surgery.

We extend our sympathies to his relatives.

CLUBS' UNION NEWS

The Winter General Meeting of the Clubs' Union, held on 14th November, was unfortunately inquorate. This meeting will now be held on Monday 28th November. The President's report on Union activities over the last few months, which I will be presenting to this meeting, is summarised below. This report cannot deal with every item of activity of the Union, but it does outline some of the more important areas.

Conferences

The President, Secretary and Social Secretary attended the U.L.U. S.R.C. training conference at Wye College on 8th-10th July. Many aspects of union activity were discussed, including day to day running of a student union, specific medical problems, finance and welfare services.

The President, Vice-President and Social Secretary attended the Medical Student Societies conference in Bristol in September. Much useful information was exchanged about general running of unions, as well as talks on pre-registration jobs and on medical education.

Pre-Registration Jobs

The campaign against the shortage of medical pre-registration jobs has continued, mainly through the U.L.U. Medical Group. On the 18th July the President met Guy's local M.P., Mr. Bob Mellish, at the House of Commons to discuss the situation with him. Mr. Mellish has since written to Guy's expressing his concern about the situation; he has asked three questions in the House of Commons on the issue, and he is arranging a meeting with Mr. David Ennals (Secretary of State at the D.H.S.S.) for Guy's, U.L.U. and N.U.S.H.S. to discuss the situation.

Mr. Peter Shurr, Postgraduate Sub-Dean at Guy's has said that he is very concerned about the projected shortage, and is working very hard to find more jobs for Guy's graduates. However, he accepts that the true solution can only be found at a national level.

Clubs' Union Internal Structure

Union Council has set up a sub-committee to look into liaison between the Union, S.M.E.C. and the Dental Society. Its final report will contain some recommendations on improving liaison between these three representative organisations, some suggestions on Union General Meetings, such as increasing the number of statutory meetings, and various other recommendations such as making the catering working party a standing sub-committee on catering.

It is hoped that the final report will be completed before the end of the year. The recommendations would necessitate a number of constitutional changes.

Information Service

The Clubs' Union is now offering information and advice to individual students, on many subjects ranging from grants to travel. This is an area where there has been very little Union activity in the past; judging by the response so far it is a valuable service, which may well need some expansion in the future.

U.L.U. Dental Group

On Tuesday, 18th October the President attended the inaugural meeting of the U.L.U. Dental Group. He will be acting as secretary of the group. It is hoped that the Union will work closely with the Dental Society in sending representatives to this group.

The Group will be active in two main fields in the near future. These are grants, with particular emphasis on equipment grants for dental students and dental education, in response to the General Dental Council's survey on this subject.

Catering

The student catering representatives have been meeting as a working party, with Mr. Bompas and Miss Redsull. It had been planned to carry out a questionnaire, but because of many problems in its composition and validity, we have decided to drop this idea at the moment. We have moved the suggestion boxes in the Spit, and we hope that you will use these to make comments and suggestions to us.

N.U.S. Affiliation

Once again the issue of N.U.S. affiliation has been and gone. The result of the referendum on whether to join or not was as follows:

In favour of affiliation	205
Against affiliation	367

Most of you will be aware of my own views on this issue and it would be rather unnecessary for me to write yet another "Vote Yes to N.U.S." document! However, it is unfortunate that future Union Officers will continue to find that they are unable to perform all their duties properly because of this. I am personally very confident that successive groups of Union Officers will continue to bring this issue up, just as they have in the past, until one day the Union will take this most important step forward.

Many will say that by staying out of N.U.S. the Union has preserved its individuality, and its right to think by itself. This of course is a rather naïve thing to say. N.U.S. would have had no say in our policies and actions whatsoever, whilst we would have had a platform to make our views known. The slogan which appeared proclaiming "Vote No to N.U.S.—To preserve the right to think, speak and debate as individuals" could have made more sense by saying—"Vote Yes to N.U.S.—For the right to speak and debate as individuals", for with whom can you speak and debate if no one is prepared to listen?

Probably the best thing to come out of the N.U.S. campaign was the exceptionally high vote on the referendum (nearly 60%) which is probably one of the highest turn-outs the Union has ever known. I hope that this interest in what the Union is doing will show up in other issues, because after all, that is what the Union is all about! I expect I haven't had the last word on N.U.S., and I am sure that Guy's hasn't heard the last of it either. Only time will tell!

Francis Hughes.

If Small is Beautiful, so is Cheap

Rex Lawrie

About the time that the start of the N.H.S. made all prescriptions free, and ever since, there has been a spate of new discoveries and new preparations from the pharmaceutical industry. "New" tends to have an appeal, especially when it is supported by convincing advertising through the post and in the journals, free samples and generous hospitality. Many of the new preparations have transformed the management and prognosis of serious diseases, and the industry can be proud of their achievement in relieving suffering and saving life.

However, over the same period a number of safe old remedies which were and still are better than the new ones, have been forgotten, almost—though not actually—as if it was simply a matter of sound economic policy to replace a cheap remedy by one costing ten times as much.

This is not to make the point that it is often easier, particularly under patient-pressure, to prescribe a course of antibiotics than an aspirin and a gargle for a minor and self-curing complaint. Placebos are another subject, and can easily be expensive; but I must refer to the father of a fellow medical student who started general practice by buying 1 lb of ammonium picrate and putting it in a demijohn of water with a tap at the bottom. It is sparingly soluble in water, so it is only necessary to top up the jar with water from time to time. The medicine, which was much prized by his patients throughout his career, was a harmless, slightly bitter, cloudy green solution.

My point is that some of the older remedies happen to be more effective, safer and devoid of side effects and the risk of producing resistant organisms. The side effects of new treatments are not always immediately apparent. For example in 1942 in North Africa, impetigo was common among troops and was currently being treated by the relatively new sulphonamide cream, and this was also used for burns of the face which became impetiginised during the process of healing. The astonishing complication of "sulphonamide photosensitivity" soon became evident: if sulphonamide cream was used on sun-exposed skin it could cause an acute dermatitis affecting not only the area to which it had been applied, but all the sun-exposed skin. As many soldiers worked wearing only shorts, nearly the whole body was affected and they had to be sent home to work in cellars in sunless Britain. The sensitisation was believed to last about six months. We returned to the use of Eau d'Alibour (lotio cupri zinc) and Ung. Hyd. Ammon Dil.

Athlete's foot is another objectionable and disabling condition to which soldiers and many other young folk are subject. There are many new powders containing specific antifungal agents to be bought and even long courses of griseofulvin have been recommended. There is however a safe, guaranteed immediate cure, based on Whitfield's ointment, in the form of a powder (benzoic acid, 10, salicylic acid, 10, boric acid 80). This is tipped into the shoes and socks and eliminates the fungus from both and abolishes the embarrassing conditions of smelly feet and smelly socks.

Permanganate of potash has many uses. As a mild oxidising agent it kills all organisms on the surface. It can therefore be used to sterilise vessels, the surface of fruits (very wise when abroad) and the human skin. It is sometimes useful for paronychia of the toes and usually cures nappy rash and balanitis. It is a convincing gargle and mouthwash (and is useful

for staining floors and furniture!). It is very cheap: 3p worth from an ironmonger or chemist is enough, and the instruction is to "dissolve a few crystals in warm water until it looks like Red Wine" (this expression carries mystical conviction) and "keep the crystals away from children because they can make an unholy mess with them".

Nowaday doctors and nurses have little experience with open and granulating wounds and so are not well taught the principles which must be observed to promote speedy healing. In general any wound excluding intestinal fistulae etc.) can be made clean by about three days of dressings in the ward; and any such wound larger than 1p should then have a skin graft.

Cleaning a wound is not achieved by simply taking off the dirty dressing and clapping on a clean one. It is essential to perform a "toilet" which means wiping and picking and cutting off every scrap of pus, scum, slough, débris and dead tissue every time the dressing is done and then applying an appropriate medicament on a dressing. The best application is aqueous 10% magnesium sulphate (Epsom salts). This is self-sterilising, lethal to all organisms, hygroscopic and harmless to the tissues. A little acriflavine may be added to stop people doing the dressings with their fingers and make them use forceps. Sometimes it stings and a more dilute solution should be used until the full strength can be tolerated. It is applied on gauze and if this sticks and is painful to remove a single layer of *tulle gras* with most of the "*gras*" wiped away may be interposed. The dressing should be applied with firm pressure to ensure good contact with the wound, and changed and the toilet repeated before it gets soaked in pus. This may at first need thrice daily toilets, but in a day or two they can usually be reduced to daily, and then the wound is resurfaced with a skin graft. After the graft has taken, any residual areas are dressed by the same method.

The signs that the wound is ready for grafting are that it is flat, dry, red, with scanty discharge and bleeds slightly on removal of the dressing. At the edges there are signs that the epithelium is beginning to creep over the surface.

Red lotion is another favourite and fairly effective application which has recently received some scientific support. Its active ingredient is 0.2% zinc sulphate.

1% aqueous gentian violet and brilliant green are two other simple applications which are lethal to organisms and innocuous, but have the possible drawback of their colour. So has Pig. Castellani (pig. magentae co.) which is famous and effective as a local application for pruritus ani. A colourless preparation "lotio mag. carbol." of St. Mark's Hospital is also very effective but some patients are sensitive to the phenol it contains.

These are only some of the instances in which the simple remedies indicated should almost invariably be preferred to proprietary applications containing antibiotics and often the dreaded (in this context) steroids.

LIGHTENING THE INFORMATION OVERLOAD

J. M. Farmer

The knowledge explosion

Although it is doubtful whether he could have foreseen the explosion of knowledge that has taken place during the second half of this century, there can be no doubting the wisdom of Samuel Johnson, who more than

two hundred years ago wrote in his diary, "Knowledge is of two kinds. We know a subject ourselves or we know where we can find information about it".

As medical and technical information continues to expand at an ever increasing rate, it becomes impossible for the physician or surgeon to acquire and retain more than a fraction of the knowledge he needs to deal with his patients' problems. In future, his effectiveness will depend largely on his ability to find relevant information quickly, so as to deal with specific problems as they arise, rather than attempt to maintain a mind stuffed to overflowing with information which may or may not be useful later on.

Using the library facilities

In the pre-clinical course much emphasis is given to "self education" and the student is encouraged to build on a core of knowledge which will serve as a useful point of reference for newer data. Never has it been more important for a student to master the basic skills of educational enquiry, especially use of the library and bibliographic information.

The collections of the Medical and Dental School libraries are broad in scope, being designed to support the teaching, research and patient-care needs of their many users in the Schools, in Guy's Hospital and the other hospitals in the Guy's District. The combined stock of the two libraries consists of over 30,000 books and bound periodicals. There are reference and 24-hour loan collections of the basic student textbooks and a general collection from which books may be borrowed for four weeks. Renewals will be granted if books have not been requested by other readers. Reservations are accepted and notifications sent to students' pigeon holes in the East Wing. Although periodicals are ordinarily retained for use in the library, photocopying facilities are provided. Published information not available in the library can be obtained on inter-library loan and there is no charge to students for this service.

The library staff will be pleased to give instruction in searching the biomedical literature with such guides as *Index Medicus, Index to Dental Literature, Current Contents: Life Science* and *Psychological Abstracts.* A *Medline* terminal provides rapid, automated access to the recent journal literature. Citations from over three thousand English and foreign language journals in the basic and clinical sciences are included in the *Medlars* data base, part of which can be searched on-line in the Wills Library. Demonstrations of on-line searching will be given on request.

Conclusion

The medical literature still comprises the primary record of what is known about good medical care. Staying abreast of a literature which threatens to overwhelm him by its volume is one of the hardest tasks facing the surgeon or physician in any speciality. It is the practitioner who has learned to handle this vast information resource who provides the safer, better service for his patients.

NOTICE

We should like to inform our readers that Copy Date for the Christmas edition of the *Gazette* will be Monday 5th December. *Gazette* Office: 16 St. Thomas Street, S.E.1. 01-407 7600 Ext. 2023.

THE MALTESE PROBLEM

David Mangion

Many students have asked me why I am here at Guy's. Nobody seemed to believe me when I told them that I was here to sit Conjoint; this being my only hope of qualifying, since the Maltese Government withheld our Final Clinical Exams in Malta last June.

A pre-registration problem

Our problems began in February when the Minister of Health informed medical students that he wanted us to complete a two-year pre-registration period in Malta before going on to postgraduate work or private practice. He intended to make us do this whether we liked it or not—by legislation if necessary.

Nobody likes being told what to do—least of all medical students. However, realising that legislation would seriously affect any courses after us, we agreed to give our word that we would do the two year pre-registration—and the Medical Association of Malta (the doctor's union) agreed to act as guarantors.

The Government did not accept this and enacted a law (whatever the Government thinks up at night becomes law in the morning in Malta—a none-too-subtle form of dictatorship). This law required (a) that all graduates do a two year pre-registration in the Government hospital or clinic (which could be just a district clinic) and (b) that the Government, rather than the General Medical Council of Malta, would give out the warrants allowing graduates to practise in Malta. This was a serious infringement on the rights and duties of the G.M.C., since its sole purpose is to guard and guide the standards of medical practice in Malta—and nobody can do that better than the medical profession itself.

This law was passed in June, just before our Final Exams. A few days later, having completed our written exams, the Medical Association of Malta decided that things had gone too far. It had proved impossible to reach any sort of reasonable discussion with the Government. The M.A.M. ordered a partial strike—in reality the stopping of "cold" operations e.g. hernias and out-patient clinics, and it offered the full complement of hospital doctors to man the emergency services.

The Government responded by locking out all hospital doctors, preventing our examiners from entering the hospital (thus withholding our exams), and brought over foreign doctors from Egypt, Libya and Czechoslovakia.

Further Government Interference

At this stage one may argue that our exams could easily have been carried out, using private patients. Indeed it is a pity that this was not done, but I don't think that anybody expected the deterioration in the situation which followed. Discussion with the Government proved fruitless; false propaganda from the Government-controlled media directed against the medical profession and intending to vilify the M.A.M. and its members (of which we were associate members) was the order of the day. And to cap it all the Government introduced two new laws.

The first restricted severely the right to practise privately by previously Government-employed doctors and gave the right to import foreign doctors whenever necessary.

The second, passed a few days later, severely restricted the right of the medical profession to take any form of industrial action, for any reason whatsoever. This law could be extended, by a simple resolution in parliament, to cover any profession in Malta—including road sweepers. This was further evidence of the totalitarianism of the Maltese Government—if any more was needed.

Both laws are very important ones regarding the Government-profession relationship, and were passed in an hour each at so called "emergency" sessions—half an hour being devoted to propaganda and slander by the Government and the other half an hour to heckling of the Opposition spokesman by the Government.

Students leave for Britain

The situation deteriorated. The M.A.M. continued fiercely to stand up for the rights of the medical profession and hospital doctors and consultants were sacked, some being given 24 hours notice to evacuate their homes in hospital grounds. The situation has remained like this until now, and indeed there seems little hope of it getting any better.

Recently the Government altered the structure of the course at the medical school. It abolished "A" levels for entry and requires that a student starts as a sort of junior nurse gradually working up to a doctor, if he is good enough (i.e. if the Government thinks he is good enough). Rather than continue studying for a qualification which will probably be worthless, the students in the remaining courses left Malta to study in Britain—a rather expensive business.

Apart from the patients, who have been deprived of some very good clinicians (to quote the B.M.J. "some highly esteemed members of the medical profession'), it is the students who have lost most. But this is only a temporary loss, I am sure, and some day right will triumph.

Conclusion

I think that the situation in Malta should be a lesson to all members of the medical profession everywhere. The medical profession is esteemed because it sets itself high standards; standards only it itself can guarantee. Any interference from outside should be strongly resisted in the best interest of the patient.

G.P.—CONSULTANTS MEETING

Wednesday 9th November saw the fourth annual meeting of G.P.s and Consultants from the Guy's Health District. The meeting began with a reception and buffet supper in the Robens Suite of the Tower, organised by Major General Rogers, the Clinical Superintendent. This was followed by the presentation of four papers in the Tower lecture theatre, with Dr. Rosser in the chair.

Dr. E. M. Cochrane gave an account of "the ups and downs of asthma". This showed that diurnal variation in airways obstruction was reflected in the greater incidence of deaths at night, which might be avoided by effective treatment before going to bed. Professor Higgins then presented a paper on the undergraduate general practice teaching at Guy's, with particular reference to Thamesmead.

Dr. Grahame of New Cross, with Dr. John Davies then discussed rheumatology in the community, with emphasis on the "open access" physiotherapy facilities now available in the district.

The evening was completed by Dr. W. B. Mumford's fascinating recollections of "forty-four years in general practice in Bermondsey". This paper will appear in next month's *Gazette*, and the other papers will be published in subsequent months.

R. G. H.

DENTAL ELECTIVE IN THE REPUBLIC OF SOUTH AFRICA

As a recipient of the Alfred Rycroft Memorial Scholarship in Dental Surgery, Charles Cole, a final year student, visited the Republic of South Africa this summer.

As most people are aware, South African politics are very controversial and the word apartheid excites strong emotions. At first I thought these subjects could be avoided, but together they form an integral part of the life there. To exclude them would be akin to omitting the Orange and the Green from a report about Northern Ireland. However, this is not intended to be a political document, it is merely the opinion of a dental undergraduate.

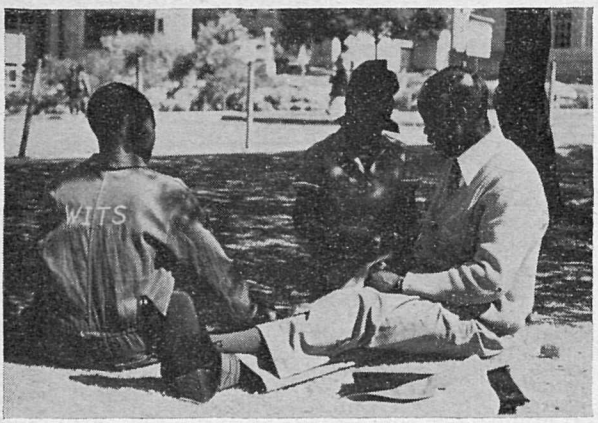
There are approximately twenty-two million people living in South Africa, four million of whom are white. These include the Afrikaner, Jews and those of English descent. The non-whites, strange though it may seem, are mostly blacks (fifteen million) but Indians and Coloureds total about three million. The balance of power is strongly held by the Afrikaner. He is a descendant of the original Dutch settlers, or Voortrekkers, and as such is largely responsible for the present day prosperity of South Africa. He has worked hard and obviously does not want to sell out. Indeed, he has nowhere else to go. Not only is he regarded by many as a white intruder in Black Africa, but he is also a minority, constantly threatened with extinction. Thus he has become a rather tough character, uncompromising and often tactless when it comes to politics. He brings a lot on himself. He clings to what little culture he has, and to his language; all signposts, railway timetables and even menus are duplicated in the two official languages Afrikaans and English. Many American and English television programmes are dubbed into Afrikaans and it struck me that there are some strong comparisons here with the more patriotic Welshman. His attitude is not inclined towards fascism but perhaps is rather old fashioned and he appears to need reminding that times are changing. A new Generation of black people are awakening and he must realise this or, like the dinosaur, be faced with extinction.

As always, reactionaries overshadow their more apathetic counterparts and the English and Jewish elements seemed politically more placid by comparison. However, they are not by and large so deeply involved in business in South Africa, and they can go elsewhere.

The Coloureds are people of mixed descent, of both white and non-white parentage. They, along with the Indians, do well for themselves, but like the black man have no political power in South Africa. The vast majority of the South African population is black, of which there are really two distinct types. There are the urban blacks who inhabit the townships and there are the rural blacks who live far from the cities in their homelands. It is the former category, and again a small minority of the black population, which is noticed politically by the media. To gain a proper perspective of the situation one must go back over a century to 1866 when the White

Waters Ridge (Witwatersrand) first yielded gold. The South African gold rush started and fortune seekers the world over flowed in. In the heart of all the confusion and panic Johannesburg was born. But it was low grade ore and large quantities had to be mined economically if it was to be profitable. The black man came and provided cheap labour. He had never had money before and was now in a situation to appreciate what it could buy. Sadly he did not realise the step he was taking. At first these dark men were regarded as a temporary labour force, but as time went on the Rand yielded more and more gold. Johannesburg came to rely on the black man and eventually he brought his family. He was there to stay—but where? The government provided some housing but demand vastly exceeded supply and consequently shanty towns made of tin grew rapidly. Soweto, Prospect Township and Orlando became festering slums and in winter many died.

Times have changed—but that is all. Now nearly a million people live in little over 100,000 houses in Soweto. The government apparently still has few plans for the urban black except, that is, to return him to his homeland.



A group of Urban blacks.

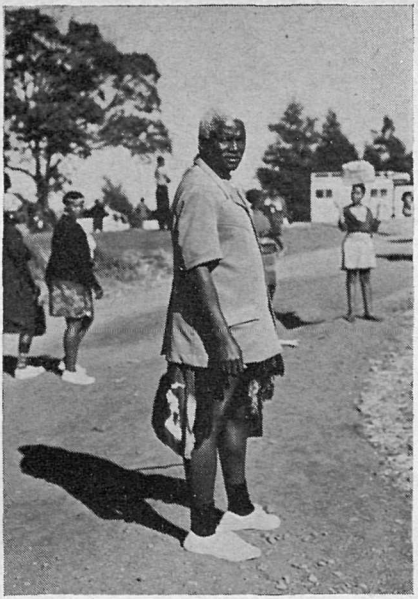
The new generation of black people are subjected more than ever their parents were to the media. Television, radio and the newspaper have opened their eyes to the outside world. They have grown up with Bruce Lee, American comics and Elvis Presley. They are frustrated in the knowledge that this world is near and yet so far. Even if they do reach the outside world, they are not easily accepted there. Understandably they feel it impossible to return to their tribal ways, yet they are rejected by the western world. This is the dilemma the black generation of today faces and was probably responsible for the Soweto riots of 16th June, 1976.

It is this violence, born of frustration, which keeps the oral surgeons busy. In contrast, the rural black presents little problem to himself or others. He is usually a farmer or a fisherman and his life is plain and simple. In many ways I admired him and thought him to be rather like a lion. He is strong, noble, lithe, and you never see him rush. Quite content to sleep in the shade or basque in the evening sun, he doesn't move without reason. When he is hungry or thirsty he goes to find food or drink. He is not really concerned with tomorrow.

He is not really concerned with tomorrow.

So these are the people who live in South Africa. The minority rules and the majority suffers, but I suspect this situation is far from unique. It soon became obvious to me that an early start was not the only aspect of the course at Wits which differed from my own. Each morning for the final year student begins with a lecture at 7.45 a.m. The rest of the morning is split into two halves, 8.30 - 10.45 a.m. and 11.00 - 1.15 p.m. The various disciplines constituting an undergraduate dental degree course run concurrently and therefore a morning may start with conservation or oral medicine and end with orthodontics or oral surgery. Lunch is until 2.15 p.m. and in the afternoon there is one session, finishing at approximately 4.30—a long day! The students themselves run a clinic on Thursday evenings and Saturday mornings at Riverlea (a small township some six miles from Johannesburg) under the supervision of a member of staff. Treatment consists mainly of extractions but conservation is undertaken where appropriate. Dr. Cleaton-Jones encourages students to accompany him to the General Hospital for non-European patients in Johannesburg on Friday nights. Final year students are also required to submit a project, to be assessed with the rest of the year's work, concerning some aspect of dental research. This means they have to perform various experiments, obtain results, assess them and come to a conclusion. There are no specialist departments for the treatment of children, nor for the treatment of casualty patients. However, there is always one final year student available on "the room" to deal with the odd patient in pain. As I am sure such departments would exist were there the need for them, it is interesting to wonder why they have not been formed. All dentistry in South Africa is undertaken privately.

Pain in most cases for the black man is relieved in The Department of Oral Surgery. This is not by way of discrimination as the black South African is still in many ways tribal and clings to his superstitions. He is wary of surgery and seeks help from the white man only in desperation and often there is no alternative to extraction. The witch doctor is still, for most of them, their spiritual and physical healer.



A Spiritual and physical healer but witch doctor?

South African dental students did not appear to have the advantage of attending consultants' clinics. To make up for this deficit, at least in the departments of Oral Surgery and Pathology, what is called a Clinical Pathology meeting has been instituted by Professor Shear. A member of the oral surgery staff presents a case to the audience, mainly final year students, which has excited particular interest. The oral pathologists then present the histology and a student is asked to make the diagnosis. The treatment is then explained and the patient's progress reported. I thought this was an excellent idea. Not only does it give junior members of the oral surgery staff experience in presenting cases, but also presents the students, on a weekly basis, with fresh material which is interesting and which they are more likely to retain. I certainly found these sessions most informative.

It was pleasing to feel in South Africa a happy and co-operative relationship between the medical and dental professions, something which is sometimes lacking in the United Kingdom; or is this my imagination? However, in trying to find some grounds on which to base my feeling I enquired about the dental curriculum and discovered the following facts: South African dental students have a full course in anatomy, dissect the whole body and write a similar examination to their medical colleagues; attend the majority of their general pathology lectures with their medical counterparts and again write a very similar examination. They are required to administer at least thirty general anaesthetics themselves and attend a course of instruction involving *all* aspects of modern anaesthesis relevant to dentistry. There are separate written final examinations in the following subjects: anaesthetics, conservative dentistry (including paedodontics), maxillo-facial and oral surgery, oral medicine, oral microbiology, oral pathology, orthodontics, periodontics, prosthetic dentistry and radiology. Perhaps the main reason for this interprofessional respect is the fact that the postgraduate systems differ. A dentist in South Africa practices privately—always—either as a general practitioner or as a specialist. To become a specialist he must train for an extra three years and obtain a Higher Dental Diploma (HDD). His name is then placed on

the specialist register and he is not allowed to practise any other form of dentistry.

As the patient is paying, the practice is inevitably run as a business. If the work is of a poor quality then eventually the business must suffer. Therefore the majority of work is good, as is the remuneration. Less work is carried out but less work is repeated. A far cry from the "South London filling stations". I'm not trying to make a watertight case (they are only feelings) but perhaps there is a grain of truth somewhere? One might argue that if this situation existed in the U.K. then a certain proportion of the population would not be treated. Quite so, but is it ethical from a professional point of view to make a handsome profit from these people when they are not even in a remote sense dentally aware?

To be continued.

Outside Guy's

A MEDIC IN THE MOUNTAINS

David Roche

Are climbers mad? What drives some students at Guy's to escape to the mountains—could it be the BMS course? The Spit food? Or . . .

Alone in the vast mountain arena the silence is broken only by the crunch of footsteps in snow, our raucous breathing, and an occasional rumble from deep within the bowels of a crevasse. The view, incredible from the valley bottom, slowly expands; revealing faces, ridges, and new valleys as far as the eye can see. Vivid colours arrest our weary progress—the steel blue sky, gold on the eastern horizon and orange on snow-capped peaks in the morning light. In the thin, crisp atmosphere, every step is an effort of willpower.

The summit approaches and the altitude headache and nausea are forgotten in the excitement of conquest. Cameras are produced for "look what I did on my holidays" shots and, as the sun rises, descent becomes imperative since the snow melts and becomes avalanche prone. The steeper faces will already have started to avalanche, and speed is essential through the more dangerous areas of the descent. The hut is reached. Was it worth it?

Mountaineering skills

Mountaineering is similar to other sports in requiring fitness, willpower, acquired skills, aptitude, intelligence and common sense. It also requires the ability to commit oneself, which means, for example, setting out on climbs knowing retreat is impossible and that, once started, the climb must be finished regardless of difficulties. The uninitiated usually describe this as foolhardy or even suicidal, but they do not realise that the safeguards employed reduce hazards to an acceptable level. Most climbers take careful note of the problems likely to be encountered and of their own capabilities.

Panic and risk

Panic, like disease, can be infectious. In a dangerous situation a climber, like a doctor, must keep his feelings to himself. The necessity to remain in strict control of any situation is perhaps the most satisfying part of climbing. For me the most memorable climbs are conducted at a peak of concentration where panic is controlled, whereas loss of control leads to the well-known "trouser-filler". Successful mountaineers are those who accurately assess the dangers of a climb, the extent of their ability and so reduce risk. Of course mountaineering without risk is like Indian food without curry. Calculated risk is the most important element of the sport.

A feature of climbing is that it requires 100 per cent commitment, since the alternative is falling off. The stimulus to give 100 per cent is not competition, as in other sports, but survival; the strongest driving instinct.

Is it worth it?

Climbers are not lunatics but are people who enjoy putting a bit of risk back into life and enjoying the side benefits which this provides—fitness, seeing views which many will never see, finding friends, discovering new areas . . . the list goes on. Climbing a route of any calibre is to have overcome fear, challenged the unknown and succeeded. If you care to try it you may find, as I have, that it is one of the most satisfying feelings life has to offer.

Guy's Hospital Mountaineering Club

The hospital has an active mountaineering club. The Secretary is Mr. Nicholas Morgan who may be contacted via the East Wing. New members are welcome.

QUODLIBET SOCIETY

THE POETRY OF PAUL ROCHE

Thursday, October 13th

When Oscar Wilde was asked to give a lecture on aesthetics to the inhabitants of Griggsville, U.S.A. he wired back, "First change the name of your town." Similarly Paul Roche might have insisted that the Quodlibet Society find him a sympathetic room in which to recite his poetry.

Seldom can a poetry reading have been held in surroundings more incongruous than those of the Dental Museum on Floor 27 of the Guy's Tower. Grinning jaws and grimacing teeth, row upon row, threatened the audience from their glass cases, together with surgical instruments of the most elementary sort. It was one of Paul Roche's achievements that he swept his audience on a tide of well-chosen words from this unlikely venue into a world of his own imagery.

When Mr. Roche wafted in to this chamber of horrors I was in no doubt that I was in the presence of a poet. It wasn't only the bright yellow buttonhole and flowing hair, but his refined and sensitive manner that marked him as someone out of the ordinary. Mr. Roche was too individual to be an archetype, but he came close to it. He seemed both lonely and vulnerable facing the audience in his chair, his books and a glass of white wine by his side; our attention focussed upon him. But far from being our victim he was our leader—stimulating our imaginations, creating impressions and manipulating our emotions as he spoke. The subjects of his verse were as diverse as the dying of love in the home and a battle between a spider and a juicy grub—an extraordinary range.

Chatting to Mr. Roche afterwards I picked up a few hints for our amateur poets. Writing is hard work, you may need to make several revisions before you can be satisfied, and there is no need to actively seek experience; plenty will come your way. This is the sort of presentation Quodlibet would do well to repeat.

P.J.R.

JOHN DAVIES, M.P.—"BRITAIN AND EUROPE"

Thursday, October 20th

John Davies, the Shadow Foreign Secretary, could pass for a hospital consultant; his silver-grey hair and half-moon spectacles imparted an air of distinction, but his brow was furrowed and he bore an expression of anxiety and preoccupation.

In his address to the Quodlibet Society he declared that he would not be controversial, and indeed his presentation was factual and rather bland. It was reminiscent of a consultant on a ward round explaining the general principles of a disease while leaving the nitty-gritty to his haggard houseman. But make no mistake, Mr. Davies is a politician well-versed in the minutiae. He knows that a vague directive from Brussels calling for "co-ordination in electrical industries" will one day mean an almighty row about standardising fuse wire and shaving sockets. In his own words the actual workings of the European Community are, "so boring as to be unbelievable".

Mr. Davies remembered a particularly acrimonious dispute between Britain and the Italians and French over whether we should continue to import Cyprus sherry. ("Terrible stuff," he said, shaking his head in incomprehension.) After much discussion the issue was resolved, but it later transpired that the Italians and French had thought that Cyprus sherry was a species of fruit! In view of this it was natural that a member of the Society should ask if there were plans for a standard European language. Mr. Davies' brows furrowed further and he replied that this was a matter for the future, however, the language would undoubtedly be English!

Mr. Davies sees the E.E.C. as having a role in doing those things that it is difficult to undertake on a purely national basis, but he thinks that a United States of Europe is a very far distant prospect. Unfortunately national interest too often raises its ugly head when matters such as defence procurement or a common currency are discussed. He would like to see the E.E.C. wield more political power in foreign affairs commensurate with its economic size. Truly it has been said that the E.E.C. is an economic giant but a political pygmy.

Disturbing thoughts for the future are the looming energy and food crises, and Mr. Davies envisages a "near catastrophe" if present trends continue. If such is the case Europe may do well to hang together, or else we shall assuredly hang separately.

P.J.R.

ANNUAL GENERAL MEETING

The A.G.M. of the Society was held on Wednesday, 9th November when a new organising committee was elected. We welcome Mr. Michael Dixon as the new Chairman for 1977–78. The effective running of the Society has now passed into the hands of preclinical medical and dental students, proving that Quodlibet is no passing enthusiasm but is here to stay!

NOTICE

A MEMORIAL SERVICE WILL BE HELD TO THE MEMORY OF DR. RONALD MACKEITH

ON

FRIDAY 2nd DECEMBER 1977 at 3 p.m.

CONWAY HALL, RED LION SQUARE, LONDON, W.C.1.

Contributions may be sent to: The Charles Hawkins Fund for Handicapped Children, c/o Dr. Brian Neville, The Newcomen Centre, Guy's Hospital, London Bridge, SE1 9RT.

ELRAG 1977

Dave Denning

Guy's first rag week was a qualified success. The beginning of the week seemed to start well although it tailed off a little towards the end. The two hundred and fifty pounds that was raised for various charities including Dr. Barnardo's and the Paediatric Renal Unit would never be regarded as excessive; but in my opinion certainly worth raising.

As with so many things that occur at Guy's, few people even heard about the rag week, but for the group that participated it was very enjoyable. Being held in collaboration with three other colleges, the London Hospital, Queen Mary College (veterans at rag weeks) and City of London Polytechnic, it was in a sense surprising that anything happened at all. The first event of the week, the procession, from Mile End to London Bridge, went off extremely well being led by the Isle of Dogs Girls' Marching Band and the Pearly Kings and Queens of the areas. Young's Brewery very kindly loaned us the use of a horse-drawn dray and Mr. Coleman's articulated lorry was hastily decorated with beds and various up-and-coming surgeons.

The opening of the students' bar at lunchtime on Monday was very well received, especially following the Sponsored Bridge Walk from Battersea to Tower Bridge the day before. The last jumble sale to be held in Boland House (formerly the East Wing) must have been a long while back, beyond the memory of most students at Guy's. Although only twenty-six pounds was raised from this event we were able to donate a large amount of jumble to the staff social club at St. Olave's Hospital.

Fireworks in the rain have never been popular and Wednesday, November 2nd, was no exception. The Rugby Club went to great lengths to coerce great numbers of people down to H.O.P. regardless of the weather. Our contribution to the evening was a raffle raising twenty pounds.

The Christian Union very kindly organised a charity lunch (otherwise known as starvation day to quote Dr. Wells) on the Thursday. Unfortunately a large amount of food was locked in some crypt and was not released until the following day. Excessively sacrosanct.

Collecting money for Dr. Barnardo's on the Friday proved easier than expected. I think everybody should applaud Chris Potts who collected £24.95½ in one tin. Apparently people were queueing up to put money in the tin. Astonishing situation.

The Rag Ball on Guy Fawkes night was also a washout. Unfortunately of the thousand pounds invested in the bands, the Kursaal Flyers and S.A.L.T., only five hundred came back in return. The rest came from funds at Queen Mary College and City of London Polytechnic allocated for that purpose. But once again those who attended did enjoy themselves very much.

A qualified success this year. Should the exercise be repeated next year it will be much improved. Generally speaking it is often difficult to get something as major as a rag week going in one year only. There is nobody who regretted his expenditure of time and that would seem to bode well.

The only casualty was a pantomime horse which seemed to disappear, possibly wearing a werewolf mask from the Union Office. If footprints should be seen somewhere, we would appreciate its return.

ISSUES IN HEALTH CARE GROUP
GETTING INTO MEDICINE—
THE SELECTION OF MEDICAL STUDENTS

Contributions from Stephen Wood, Prof. R. G. Spector, Dr. P. Draper and and Prof. T. J. H. Clark

Who do we select, how and why?—
Stephen Wood, Medical Student.

It is perhaps easiest to think of selection as a sort of obstacle race. The first obstacle to overcome is that of self-selection. There are plenty of school children who want to become doctors, but not all of them apply to medical schools. The reasons for this are diverse, but often lack of the necessary qualifications is not the main one. The fact is that many perfectly adequately qualified sixth-formers who wish to go into medicine are "scared off" from applying by parents, teachers and others who regard rejection as a foregone conclusion. This applies particularly to girls and to children from working-class homes, where parents often feel that medicine is a male-dominated profession, or "is too posh for the likes of us".

Although it is, of course, difficult to measure the characteristics of the population of students who would wish to enter medicine but are dissuaded from doing so, it is interesting to look at the population of applicants. If self-selection were a relatively uniform process, then it would be expected that the population of medical school applicants would mirror the general population—in fact it does not. It has been found that rather fewer women, working class students and children from some geographical areas (notably East Anglia) than one would expect apply, and rather more men, middle-class children and natives of the Home Counties than would be expected are represented So, before the UCCA forms are even filled in, there is already a bias in medical education.

Self Selection

If we move from self-selection to selection proper, the first thing that is likely to come under scrutiny is academic performance, particularly 'O' and 'A' level grades. Now, this seems entirely sensible and reasonable, but how does academic performance at school correlate with academic performance at medical school, or more important still, with ultimate performance as a doctor? Will the student with ten 'O' levels and four grade 'A' levels necessarily turn out to be a Dr. Kildare? Well, the studies that have been made of this relationship suggest that the correlation is not very high—in the order of 0.4. Moreover, the correlation tends to decrease the further we go into the medical course. This is perhaps what one would expect, since although BMS medicine is essentially similar to sixth-form work, clinical medicine is entirely different. The value of academic criteria in assessing potential medical students is further called into question by the finding that many rejected applicants were as well qualified as were accepted students.

The head teacher's report

The next thing that selectors are likely to look at is the head teacher's report. Unfortunately, it is impossible to make generalisations about this, as there is no fixed format for the report and anything a head teacher may say about a pupil will obviously be conditioned by his or her own personality as much as by that of the pupil. All that can be said is that it is probable that both strongly positive and strongly negative statements are highly influential in the selection process. I presume that many of these statements will concern personality and motivation and that should the applicant reach the next hurdle—the interview—these characteristics will be further assessed.

The interview is clearly a crucial hurdle in the selection race, but as with the head teacher's report, no objective data about what goes on is available. Again, not only are we dealing with personality traits, which are difficult to assess, but also the interpretation of them is a subjective matter which will vary from selector to selector.

It is nevertheless interesting to look at the results of studies of the personality traits of accepted students. Medical students are said to differ from other university students in being more sober (I find this difficult to believe) and disciplined, purposeful, inflexible and conservative. In addition, "good medical students" (i.e. those who do well in exams) tend to be more introverted, conservative and conventional than are "bad medical students". The "bad medical students" on the other hand, tend to be extraverted, less conventional, have better handwriting and may be (horror of horrors) "free thinkers". The question must be asked as to how far we are selecting students who will be academi-

cally more successful to the exclusion of more innovative and creative, but perhaps less diligent students. This is, of course, tied up with the vital question of "selection for what"?, which Peter Draper may discuss later on.

The students who successfully complete the race and enter medical school are a highly selected group and not only with respect to academic and personality factors. Take social class, for example. As I have said, there is a bias towards the higher social classes amongst applicants for medical school, and, of course, this is reproduced in the final population of medical students. Social classes 1 & 2, making up only 18% of the general population supply over 70% of medical students, whilst social classes 3, 4 & 5 —the vast bulk of the population produce less than 30% of medical students —and this figure has been declining since 1956. Thus medicine is becoming a more rather than a less elite profession.

The Royal College of Surgeons

The social class bias is largely attributable to self-selection, but clearly the rather staid and middle-class image projected by our medical schools is in some measure responsible for this. Is the medical profession doing enough to encourage applicants from working-class homes and minority groups? In 1958 they were doing the contrary. The Royal College of Surgeons gave evidence to the Royal Commission on Doctors' and Dentist's Renumeration that:

". . . there has always been a nucleus in medical schools of students from cultured homes . . . This nucleus has been responsible for the continued high social prestige of the profession as a whole and for the maintenance of medicine as a learned profession. Medicine would lose immeasurably if the proportion of such students in the future were to be reduced in favour of the precocious children who qualify for subsidies from the local authorities and State purely on examination results"

Now this was twenty years ago, but surely the attitude that it expresses would have been more appropriate a hundred years ago. Although such embarrasingly frank statements are rarely made these days, attitudes do not change quickly, and one wonders if this way of thinking is entirely extinct.

State schools and public schools

If the social class bias can be explained by self-selection, the bias towards males, children of doctors and products of the public school system cannot.

Although 43% of medical students attended a state school, no less than 78% of rejected applicants were from such a school. At the opposite extreme only 7.2% of rejects went to a public school whilst 31% of accepted students benefited from the private system of education. This cannot be explained by supposing that the public schools produce better qualified applicants. They do not—the average performance of applicants from the state schools is better, because only the best apply in the first place.

The same arguments apply to students with medically qualified parents, who make up about a fifth of accepted students, but only 6.3% of rejects, and women who make up 54.4% of rejects but only 34.4% of accepted medical students As with students from state schools, the academic performance of female applicants is, on average, better than the performance of their male competitors. The figures quoted are for 1974, and the proportion of women in medical schools may have increased since then, but then so may the proportion of women applicants.

Lastly, I am glad to say that there is no truth in the rumour that rugby players get into medical schools more easily than others. In fact, it is cricket and hockey players who do better—but their academic qualifications are also slightly better on average.

In conclusion

In conclusion, I would view current selection procedures with a great deal of scepticism. Academic criteria seem to have dubious value, personality traits seem to be skewed in an undesirable direction and the end result is a population of doctors who share singularly little in common with the people they serve. One possible remedy for this would be to introduce a quota system to ensure that socio-economic majorities as well as recial minorities are adequately represented. This has been tried at some places in the USA and is fraught with problems, not only moral and political, but also legal, and it appears to be a far from ideal answer

Another way which has the twin virtues of simplicity and economy would be to require a mimimum academic standard and then to allocate places on a random basis, paying no attention to any of the criteria which are currently employed This may sound dehumanised, but it would at least ensure a degree of equity which is at present lacking, and who knows, may even produce doctors who are like the population they serve?

Prof. R. G. Spector, Sub-Dean for Admissions.

Random Selection and A-level grades

There is little of the previous talk with which I disagree. I think arguments could be presented for selecting the students randomly, most of us in medicine finish up dealing with patients and only a minority do not come into contact directly with the public. I see real difficulties in turning out doctors who are mainly from the middle class who will have to deal with patients from a wide range of social backgrounds. Even though a form of selection is desirable, I think it would be instructive to see what would happen with random selection. The main point of difference I have with the previous speaker is concerning the qualifications of the rejected applicants. We do not in fact find that there is the same academic standard in the rejected individuals as the ones which we accept. The average A-level grades this year for those entering the School are between AAB and ABB and last year they were the same. The grades of those we reject is on the average much below this and includes those with less than three A-levels and some with fails in two or more subjects.

In answer to one of the specific questions put to me, we do not put great weight on O-level grades and only insist on certain minimum requirements.

One of our main difficulties is that at Guy's there are about 1500 applicants for 80 places and if selection is not to be completely random, then we must decide which criteria for selection must be used. There are many important characteristics which cannot be measured such as humanity and empathy with others, but there are other factors which may be reasonably assessed. One of these is the range of skills which we call intelligence. This roughly correlates with performance at A-level.

Skills and facts

I do not consider that medicine is an exclusive subject which has to be reserved for any particular type of applicant. It appears to have much in it which is a craft, perhaps like plumbing. Certain skills have to be mastered and basic facts have to be learnt. To be an effective plumber one has to have assimilated enough of the training to deal with most every day problems. In medicine we need students who are clever enough to cope with the formal learning and with the ability to learn from experience. There is a lot to learn and some of the decision making is complex. I think that using A-levels in measuring academic, scientific ability in school leavers is reasonably objective and is quite a good predictor of success in the early parts of the medical course. I know of little else which has such predictive value.

The interview and headmaster's report

As is the case with the other London Schools we do hold interviews, but we do not put excessive weight on the results of this, partly because there are so many sorts of applicants. For example, the applicant who is socially and verbally skilled often performs well in interview and scores a good grade. By comparison, the sort of person who does not project well and yet may be just as worthy, could be put at a serious disadvantage. It would be quite unjust to allow the interview to act as the main selecting technique. There is enormous pressure for places and we pick out only about 400 for interview. On their own, interviews have a tendency to favour extroverts from middle class and professional homes. For this reason some other medical schools in the U.K. do not interview.

The Headmaster's report is usually a straight-forward statement of what he knows about the candidate with emphasis on the academic side. Most applicants have not yet taken A-levels at the time of filling in the U.C.C.A. form and the Headmaster's predictions of the likely grade of this exam forms an important piece of evidence on which decisions of which candidates to interview are made. The Headmaster is also expected to describe the applicant's non-A-level interests and whether he has been involved in any paramedical or scientific extra-curricular activities. In this way, the panel of selectors build up an idea of whether the candidate plays the oboe, how good he is at games, whether he gets on with staff and colleagues. It is more sensible to consider remarks of a teacher who might have known the applicant for five or more years than to rely too heavily on a 10 to 20 minute interview.

The selection of women

I disagree with the remarks made about the selection of girls. I think that less girls than boys apply to the professions such as engineering and law as well as to medicine. At Guy's about one third of our applicants are girls and at present of the people we accept there are 40 to 45% of girls. It therefore appears easier for girls to gain a place at Guy's than boys. Perhaps we are selecting against boys. At around 18 years of age, many girls are more socially mature and skilful at the interview situation than

a boy of the same age. In fact, it is unwise to interview the two sexes in a single interview session because of the apparent superiority of the girls' performance.

In conclusion, I do not dispute the basic unfairness of any selection process, but the inequality starts long before filling in the U.C.C.A. form. At Guy's I do not believe we discriminate against women nor do we fail to select the most academically distinguished applicants.

"Selection for what?" Dr. P. Draper Unit for the Study of Health Policy.

The question that I want to address is "Selection for what;" This obviously prompts a number of difficult questions like, How are medical roles changing? How are medical schools changing? How ought they to be changing?

I should like to begin with two quotations. The first, from Dubos, makes it particularly clear that our current ideas of health and medicine are of a very special kind and that way back in history, at least 2,500 years ago, they appear to have had quite different concepts.

"The myths of Hygieia and Asclepius symbolize the neverending oscillation between two different points of view in medicine. For the worshippers of Hygieia, health is the natural order of things, a positive attribute to which men are entitled if they govern their lives wisely. According to them, the most important function of medicine is to discover and teach the natural laws which will ensure a man a healthy mind in a healthy body. More sceptical or wiser in the ways of the world, the followers of Asclepius believe that the chief role of the physician is to treat disease, to restore health by correcting any imperfections caused by the accidents of birth or life."

The second quotation is the summary of a monograph by Professor Tom McKeown, perhaps the most outstanding person internationally in the field of historical epidemiology. In 'The role of medicine' McKeown records some of the evidence that leads him to stress the role of nutrition and environmental improvements in reducing death rates over the last century and he summarises his position in this way:

"Medical science and services are misdirected, and society's investment in health is not well used, because they rest on an erroneous assumption about the basis of human health. It is assumed that the body can be regarded as a machine whose protection from disease and its effects depends primarily on internal intervention. The approach has led to indifference to the external influences and personal behaviour which are the predominant determinants of health. It has also resulted in the relative neglect of the majority of sick people who provide no scope at the centre of medical interest."

I want to concentrate on what seems to me to be the most important problem for medicine, and for that matter, for the community. We don't have a significant representation of the Hygieian tradition today. Put another way, we don't have an effective contemporary public health movement. High-technology medicine, medical schools, medical research and so on are largely Asclepian in character. We've swamped the Hygieian view. If you ask somebody 'What is a doctor?' they immediately think in Asclepian terms. We don't have the equivalent of the 19th century campaigners who drew attention to the hazards to public health. Of course we have some useful public health *services,* and we do have *some* campaigns, for example, Action on Smoking and Health, the Family Planning Association and indeed the attempt to encourage the wearing of seat belts, but on the whole prevention in the Hygieian tradition is only paid lip service.

What does this imply for selection? First, that our ideas of being a doctor are much too narrow. Second, that our ideas of medical schools are much too narrow and therefore that our ideas of suitable students are also too narrow. Perhaps in the long run we should be more like the Americans and others and have quite separate schools for public health. However, in the short-term, if we agree with the criticism of medicine that I have outlined then we need to broaden our ideas of medical education and medical schools.

More specifically, what does this imply for selection? First, the academic selection criteria should be broader. Social studies and human ecology should be as important or perhaps more important than subjects like chemistry and physics. Students who are interested in social questions and who are not made anxious by change and uncertainty are needed. After all, the point of a public health *movement* is that you are trying to achieve *change* and 'change-resistant' doctors tend to end up on the opposing side. I suspect that this means that creativity and artistic talents would be of particular value because you want people who can break out of the existing paradigms and see new ways of doing things. It is arguable, not so much in Guy's but certainly in other medical schools, that there is a sub-culture which is almost *anti*-artistic in temperament. In addition, the articulate student, (not the slick but the one who can express his or her posi-

tion concisely), is needed because a public health movement calls for effective communication with people who are outside the medical field. I'm not arguing that *all* students should be selected on the basis of the criteria that I have offered but that a shift of emphasis is desirable both for medicine and for the community.

I will end with three brief points on other issues. First, accepting that we ought to do something about the class bias mentioned in Stephen Wood's paper, it is very difficult to 'allow' for this in practice, Second, who should do the selecting? Since we are selecting for an educational task, what about educational sociologists and psychologists perhaps having a say in selection? And since modern health care is essentially team work, what about other members of the team being represented such as nurses? Lastly, should medicine be an *informed* choice? If you retain interviews in the selection process it seems preferable to choose students who seem to be making an *informed* choice and who can talk intelligently for example about the ways in which they judge medicine to be changing in preference to people who do not seem to have thought much about how they propose to spend the next forty-five years of their life.

Prof. T. J. H. Clark, Sub-Dean

What are we trying to achieve?

Coming in as tail end Charlie I feel that everything's been said. I really cannot strongly disagree with anything so far although I think that I'd rather have random selection than some of Peter Draper's suggestions, but he may have made them to stimulate me to say this! I'd like to summarise the views that I've acquired since this morning when I realised that I would need to say something. It made me realise just how little I had thought about the matter and for this I am very grateful for the meeting.

My first thoughts were what are we trying to achieve? Do we need to have a selection process at all? I'm sure that we are all agreed on a minimum educational standard, but I don't think that anyone knows quite what it should be. It really worries me that people are accepted because they are getting three A grades at A-level; I suspect that we are demanding far too high an academic standard for what is required of medicine. But I must add that there is no concensus of opinion about this. The educational attainment argument will prevail even if one randomises because it is the least disputatious. In a way I quite like the idea of randomisation because it has a measure of fairness, but that's about all it has. We could select as they do in other countries where everyone who achieves a minimum educational standard is selected, but we all know the trouble which this leads to. They have huge classes with thousands of students and selection, such that it is, is allowed to occur by examination and attrition. The alternative to randomisation and attrition is to have some sort of selection system. We therefore need some criteria and I feel that there must be something to be said for selecting able people who *want to look after patients.*

Is there a medical profession?

There is a problem, which I think Peter Draper touched upon with his public health school idea, which arises because it is a myth to talk of a medical profession—we are an amalgamation of professions. Surgery is quite different from psychiatry or geriatrics for example and the selection of recruits into these specialities may have to be quite different from those of the scholarly neurologist by way of further example. This is giving the B.M.A. lots of problems in trying to negotiate an equivalent system of payments for all members of the medical profession. Our aim here is to turn out people who are relatively undifferentiated, who can both care and cure and be able to enter any speciality.

It's certainly important to select people who are going to care for the population at large and I think that this is in part implicit in the major criticism so far that we are selecting self-selected students from middle class backgrounds. The argument is made that self-selected students are largely coming from the most privileged fifth of the population which leaves 80% of the population with which they may have little contact and understanding but yet they will have to look after them. It may be argued that it is as important to read the '*News of the World*' as well as *The Lancet* to mitigate this and to be a member of society in the broad and you could argue that coming from rather precious backgrounds as some of us do—I'm sorry, as some of you do—is not appropriate for the care of all types of patient. Furthermore, if bias in selection leads to care of middle class patients and private practice and so the majority may be further neglected. This argument certainly has some force in theory but is less easy to sustain in reality.

Selection and society

In theory the type of school and social background of a doctor might be irrelevant if that doctor is intent on caring for all his patients; I suppose the same

point could be levelled at the clergy for bias in care, then doctors may cultivate that matter as they're predominantly middle class. I know of no good evidence to support the view that dominantly middle class profession looking after the population at large is a bad thing, but I know that some people view this with alarm. If you share this jaundiced view of middle class bias then we're in real difficulty because the problem is not one for Professor Spector but for society as a whole. Perhaps the day when all middle class parents send their children to comprehensive schools the problem will begin to disappear, but then you have to do something towards achieving a classless society. Sitting with his finger in the dyke, as it were, Professor Spector could never hope to achieve this kind of social engineering. This is a much bigger problem than selection and our own medical school evidence to support the view that a prepolicy.

Motivation

In addition to class bias there is the question of motivation, and that's very difficult to deal with because, as has been said, motivation is so difficult to measure. It is possible though to identify the potential molecular biologist, who only wants to do medicine because he can achieve better pay and more status and the blushing candidate who genuinely wants to look after sick people but is too embarrassed to say so. This is why most of us here, except the randomisation school which I think was slightly tongue in cheek, believe in some sort of selection.

To finish, I'd like to widen the discussion slightly and put to you that I know of no good way we can measure how good a doctor is. This is of considerable importance as we devote much time and effort to selection and we go on to devote an awful lot of time to discussing our curriculum, but we have no way of judging the success of either because we can't judge what makes a good doctor. As a consequence arguments over selection are bound to arise.

Mistakes are inevitable

The final point I wish to make is that we cannot be perfect in our selection whatever we do, even if we randomise, because in any number of students there's *bound* to be some who do not complete the course or who prove to be totally unsuitable. A certain number will drop out but at the moment we operate a system whereby we try to believe that everyone who gets in must be successful so that we aim to get all our students through by hook or by crook. Maybe we should not be quite so tolerant and perhaps we should accept that we're going to make mistakes and should ease out a slightly higher percentage of students earlier than we do at the moment. I thought I'd inject a note of fear into you all as I've had a few such injections thrust in my direction by the earlier speakers! No selection system can be perfect and therefore we need to look as hard at our system for identifying failures of selection as the method of selection itself.

In summary, I think a good case can still be made for selection other than by random choice and I do not see how we can signficantly correct for bias in student applications which is a matter for society at large rather than the medical school in isolation. I concede, however, that our selection should be representative of those applying in that no discrimination should be made by sex, school or social background, but that choice should be based on an assessment of such factors as character, motivation and future needs of society.

Answers to last month's Crossword

1. Pericarditis; 6. Insulin; 7. Tape; 8. Optic; 9. Lobster; 11. East Coast; 14. Septrin; 16. Opium; 17. Palm; 18. Inexact; 19. Photographic.

1. Poisonous; 2. Rosette; 3. Colic; 4. Renal scanning; 5. Input; 7. Tibia; 10. Rheumatic; 12. Serum; 13. Trim Ash; 15. Peach; 16. Opera.

NURSING

The Nurses' Educational Policy

The cause of much discussion in recent weeks has been the publication by the General Nursing Council of its educational policy which is designed to ensure that nurse training in this country conforms with the requirements of the countries of the E.E.C. Two proposals in particular are causing much concern as to whether they constitute practical propositions.

Two-week community training

One of these is the recommendation that all student nurses should spend two weeks of their training in the community in order to gain some appreciation of the fact that most of the population spend the majority of their time out of hospital and not imprisoned in rows of immaculately made beds. Two weeks is, of course, a very small proportion of a three-year training and arguably it constitutes a totally inadequate period of experience. It will, however, cause innumerable headaches to those responsible for the implementation of the scheme, since it is at present impossible to give many nurses even a day in the community.

The reasons for the difficulty are the lack of community staff, the excessive demands made upon them and the practicalities of finding the right experience. Those nurses who work in the community, have over recent years, had increasing demands made upon their services, both by doctors who wish to discharge their patients early and by hospital-based tutors who wish their students to see something of the work undertaken. When one considers the number of students in training this can only create an intolerable situation, since these people have to be constantly supervised. In addition, the whole concept of community work is rather different from that in hospital. The patients are in their own homes and are not obliged to admit anyone if they have no desire to do so. If therefore a community nurse who has had difficulty in persuading a person to let her visit, takes with her a total stranger it is quite possible that several weeks' work can be undone in the space of a few minutes. She has therefore to choose very carefully the patients to which student nurses may be taken. It is also necessary to remember that there are midwives, health visitors, community nurses and medical students wanting similar experience.

Night duty regulations

The other recommendation which is causing concern is the one which stipulates that students may only undertake eight weeks night duty each year. This is a reduction in time, and no thought has been given to the fact that these people are employees and constitute a large part of the work force. This will mean that there are less nurses available at night, at a time when hospital authorities are not increasing their trained staff numbers due to financial difficulties. One cannot help wondering about the wisdom of this. Apart from the question of patient safety, it could result in the closure of beds and the resultant lack of clinical experience available for the students.

It is of course very laudable to have ideals, but they should surely be assessed for practicability since otherwise they are doomed to failure.

Pam Jefferies.

PHYSIOTHERAPY

"I don't seem to know what I think till I see what I say."

Saul Bellow's observation must be one that strikes a chord in many, not least in the examination candidates amongst us. Often, too, we don't know what we do know until someone wiser than ourselves has put the question to us. In fact, one could make a general proposition that it is not so much the answers that are given but the questions that are asked, that are significant. Like Mary's Calais, this would be written on the heart of all examiners in a perfect world—assuming that a perfect world has a place for examiners.

But posing questions is not confined to the examination-room. Physiotherapists—and the "paramedical" professions in general—have been repeatedly reminded that they are insufficiently questioning about themselves and their practises, and with good reason. It is probable that this deficiency begins at the student stage, where much "fact" is transferred, as the saying goes, from the notes of the teacher to those of the student without passing through the brain of either.

No doubt the word "why?" should be foremost in a student's mind as it should continue to be in that of a qualified practitioner of whatever branch of the caring professions one may think of. Why this procedure rather than that? Why any procedure at all? Agreed, there will be numerous situations where no clear answer can be given, for though truth may be indivisible, that hypotheses are various is no less a fact of medical life. But any hypothesis worthy of its salt must have a body of evidence to sustain it and give reasonable grounds for its assertion.

Not least of the attractions of working in a teaching hospital is the doubting that pervades the atmosphere. It may be less comfortable for students who, so we believe, like definite answers rather than vague propositions, and it may be less comfortable, indeed, for all of us who might otherwise trudge happily on with blind belief or half-remembered jewels of someone else's wisdom. But the fact that others about us are less than wholly convinced of the eternal truth of long-held concepts is invigorating and productive of a medium in which it is fruitful to work.

But we still come back to the first problem—are we asking the right questions? Physiotherapists are newcomers to this field; we have some questions of our own to ask; we have reservations about the answers that others have come up with when investigating areas which impinge on ours. We are willing to collaborate but we are inexperienced and do need the help of our wiser colleagues to get us on our way.

Ronald Cooper

RADIOGRAPHY

Happy Birthday Tower X-ray!

On November the first, 1976, the General X-ray Department on the second floor of the Guy's Tower was officially opened to the joy of all concerned. Now a year has passed and we are just about settled in to our new home.

The new department

After the staff's initial shock at the vastness of the whole department, we were all duly issued with maps and left to find our way in and out on our own. For the first few days most members of the staff found it more comforting to travel in pairs (then, at least, you had someone to talk to until you were rescued by a patrolling blue-belted St. Bernard who would shuttle you back to the central viewing area and partial civilisation). In those first few days patients were scarce, but, whether this was due to their being unable to find us or the thoughtfulness of the clinics, we will never know, but it is whispered in certain circles that on dark nights the souls of lost patients can be heard wandering the corridors, rattling their locker keys, searching for their appropriate X-ray room.

Layout and facilities

The Department consists of eight X-ray rooms, some specialised and others fulfilling more general roles. At the main entrance to the department the patients are met by a radiographer or scheduler as she is more infamously known to the staff. It is she who arranges all the appointments for patients or, whenever possible, decides which room the patient will be sent to await being X-rayed. In the tilework of the floor are various coloured pathways, each with its own separate destination; hopefully the waiting room for their appropriate X-ray room. This system seems to be very popular, not only with the staff but also with the patients, although it has been the cause of a few raised eyebrows and suppressed giggles when a patient is informed that they are to be X-rayed in the Blue Room!

To the untrained, the greatest difference between the Tower X-ray Department and the old Medical X-ray Department is the Dupont daylight film system which virtually eliminates the need for conventional darkroom facilities except for some specialised procedures. After initial training and familiarisation with the system, I think that most of the staff and students agree that it is a much quicker and more efficient way of handling the bulk of the department's X-ray film processing than our previous methods.

On the whole, it has been very pleasing how quickly the staff have learnt how to use the new equipment. Most of our problems have been mechanical and electrical and that is only to be expected with new equipment. Most of the equipment is fairly popular with the staff with one or two noted exceptions—especially when they go wrong. All the X-ray machines are fitted with automatic exposure devices which, although helping the radiographer in some respects, require a greater degree of accuracy in the positioning of a patient, a factor not at first readily accepted by the whole staff, but after a year of use we are learning.

Nostalgia and new plans

In June this year the old X-ray department in Hunt's House was finally closed and the last few members of staff welcomed into the new department.

After six months of working in the new department we had passed the initial period of wishing we had never moved but the passing of the old X-ray department was not without a certain amount of regret from most members of staff. Miss Hampson can still be heard on occasions wishing for a return to the "Good old days of Medical when you knew what was what".

The third floor Special X-ray examination department and the Link Theatre X-ray Department are still in the process of metamorphosis but we are assured that their full working emergence is imminent, selected cases having already been performed in both departments.

Already one whole year has passed since our chaotic removal from Hunt's House last November. At times it seems like yesterday and at others an eternity. Hopefully the service we provide is at least comparable with the standard and quality provided by Hunt's House Medical X-ray. We would like to think that it has improved and will continue to do so as the department develops further over the years. Happy first birthday Tower X-ray!

Jill Guest

BOOK REVIEWS

"Anatomy and Physiology — a Self-Instructional Course", by Ralph Rickards and David F. Chapman. Five volumes, pp. 390. Price £0.95 each volume, £4.25 for the set. Published by Churchill Livingstone, 1977.

There is no general introduction to these volumes and their intended users are not specified. Though useful for beginners, especially since they contain simple multiple-choice questions, they are not suitable for schoolchildren, except in connexion with a relatively extensive course. They might, however, suit the enquiring adult, with little previous knowledge and plenty of time—for example, university undergraduates or graduates, in search of rapid general information on anatomy and physiology (whether of man or other mammals). They could not be recommended to medical and dental students, except as a "once only" commencing text, to be dashed through in a week or so; and it is questionable whether such a purely factual work is the best introduction for anyone. The authors are not professional in either subject (one is a marketing director, the other a specialist surgeon), and their approach is applied and "useful" rather than biological. For example, one looks in vain for any comment on the significance of meiosis, explanations of types of epithelia, distinction between afferent and sensory, etc., in Vol. 1 (*Introduction and Reproductive System*). In fact, explanation is at a discount except in the structures to which physiologists traditionally assign function.

Vol. 2 (*Endocrine Glands and Nervous System*) is well-illustrated (as are all the volumes) with line drawings of a simple nature. It seems rather an over-simplification to put testes *and* ovaries in the scrotum (1.1 p. 2). It is unfortunate to state that the pituitary gland (hypophysis cerebri should at least be included as a synonym) has two parts of different origin and functions "in man", which suggests that it is not so in thousands of other species. In Fig. 31 it would be useful to know whether we are looking at renal arteries or veins—and both are really necessary. Spinal nerves are apparently distributed only to muscles (2.3 p. 52). On p. 61 the thalamus is dismissed as a mere "relay station". The meninges apparently have no functions other than to "contain" cerebrospinal fluid. In Vol. 3 (*Locomotor System and Special Senses*) individual bones and muscles are poorly covered. Bones are still supporters and protectors, though their essential role as levers for muscles is added. The smoothness of synovial joints plays "second fiddle" to range of movement. Sutures are merely joints and their role in growth is omitted. Muscle architecture is explained in terms of avoiding awkward "lumpiness" in the wrong place and by wear and tear on bony prominences; the appropriateness of the lengths of muscle bellies is ignored. Ilium is frequently mispelled *ileum*. "Atlas vertebra" is tautological; atlas is a *noun*.

Vol. 4 covers the Respiratory and Cardiovascular Systems, Vol. 5 the Urinary and Digestive Systems. Other mistakes and undesirable omissions could be detailed; for example, arteriovenous anastomoses are omitted, and the separation between atrial and ventricular muscle is ignored. These imperfections mar a well-conceived book.

The illustrations are on the whole good. The authors are somewhat out of touch with official nomenclature. Nevertheless, this is a useful set of volumes, and if the

"macro-anatomy" can be given a more functional aspect in another edition, they would be an adequate introduction for any group of students.

ROGER WARWICK

Cunningham's Manual of Practical Anatomy. Edit. G. J. Romanes, 14th edition, Vol. 2. Pp. 232. £3.25. Thorax and Abdomen.

It might be fairly claimed that this classic work was until recently familiar to and had been read at least in part by every doctor and medical student in the country. This was the text carried by all into the dissecting room and relied on as an authoritative companion to the study of human topography.

The fourteenth edition of "little Cunningham" is still an easily readable book. Many of the old illustrations have fortunately survived in enlarged and more colourful form, their teaching value thereby enhanced. Some new diagrams have been added. One of these regrettably (Fig. 215) commits a teaching blunder so crass that no student, one feels sure, would be misguided by it. The text has been severely curtailed to accommodate the modern student who may no longer have the time to dwell over vast acreages of print. In this Second Volume, a rough check suggests that not less than 40 per cent of the 221 pp. of text is given up to illustrative matter of some sort leaving only 130 pp. of print for dissection instructions and the verbal description of the gross structure of the thorax and abdomen. It is doubtful if any could claim that this is too heavy a reading burden. In price it is cheaper than other competing manuals. Many Guy's students will find the new "little Cunningham" more than adequate as a textbook of gross anatomy sufficient in itself for the requirements of the BMS course.

MURRAY BROOKES

"Radiology for Medical Students". 3rd edition, by David Sutton. Pp. 153. Price £4.95. Published by Churchill Livingstone.

This small book fulfills very accurately the aim of its author as set out in the preface—to act as an introduction to radiology for medical students starting clinical work. Each chapter is devoted to one system and the various methods of investigation are clearly described. The text is brief and to the point and the illustrations are good, although there are not very many of them. There is a very useful chapter at the end of the book in which are described the essentials of the common para-radiological imaging methods—radio-iosotope scanning, echo-sounding, etc.

What the book does not do and what it does not set out to do, is to teach the interpretation of individual X-ray films and no would-be purchaser should be under the illusion that after reading it he will be appreciably more proficient in this respect than formerly. With this proviso, the work can be recommended without qualification.

J. D. DOW

"From Woman to Woman. A Gynaecologist answers questions about you and your body." By Lucienne Lanson. Pp. 411. Price 95p. Published by Penguin Books.

This book is written for the lay-woman by an American woman gynaecologist. While there are several books for lay-women on pregnancy, childbirth and breastfeeding this one sets out to answer questions which women might ask their doctor or gynaecologist on "female problems". Each paragraph in the book has a heading in the form of a question. For example, "Is it painful to have a cervical smear?", "Can anything be done for women with the polycystic ovarian syndrome?", "Is your partner's job too hot for his own good?" (this refers to the need for fertile testicles to be kept cool), "Are you ready for the magic formula?" (the rhythm method of contraception), "What about the new breast X-ray techniques?". There must be over 700 questions posed and each one is often answered in the second person in a straightforward and informative way for the intelligent lay-woman to understand.

In Britain, women tend to accept an assurance from their doctor that all is well or that something needs to be done, without further questioning. This is not so in America where a long explanation is often required. Perhaps the British woman is too shy to ask; if so, this book will help to fulfil the need. The book is not for the gynaecologist but it may act as a warning to family doctors what British women of the future may be asking them if there is any truth in the saying "what America does today, Britain will do tomorrow".

The book is in seven sections. The Workings of the Inner Woman or What you Have and What It's there for. The Unpredictability of Woman, including Pre-menstrual Tension, All About Period Pains and Other Miseries, and Irregular Periods and Common Bleeding Problems. The Vulnerability of Woman, vaginal infection, venereal disease and prolapse. The Sexuality of Woman, Intercourse and Other Sexual Activities. In fact, all through the book stress is laid on the sexual aspect of woman in accordance with recent American publications on the

subject. The Prerogatives of Being A Woman, How to Become Pregnant, How to Avoid Pregnancy, Sterilisation and Abortion. Changes in the Natural Woman, a section on common gynaecological diseases, pelvic cancer, the menopause, and breast problems. Finally, What's in store for Tomorrow's Woman?

Although this is obviously a British edition (on page 32 the journey of the ovum down the fallopian tube is compared to a drive from Glasgow to London and the proprietary names of drugs are given in their British versions) Americanisms appear infrequently, giving a transatlantic flavour to the writing. "So who needs a Pelvis?" is asked on page 35. "What about the late bloomer?" on page 69 refers to the girl whose periods are late in starting.

There is a chapter on the cervical smear "or Sytotest" but the condition revealed by a positive smear, carcinoma-in-situ, is repeatedly referred to as "cancer" and "malignancy" which it is emphatically not because there is no invasion. Moreover, no mention is made of the fact that a relatively small operation, conization of the cervix, cures most cases. The possibility that irregular bleeding at the menopause may be due to malignant disease is not stressed. Under the heading "What can be done about endometrial hyperplasia?", it states "when dealing with grossly irregular bleeding in older women, many doctors prefer to establish a definite diagnosis before proceeding with any specific therapy. This usually implies at the very least an endometrial biopsy or more likely a "D and C" (dilatation and curettage). For a woman of menopausal age to ignore irregular bleeding is to court disaster. Under the heading "What about post-menopausal bleeding?" it states clearly that bleeding six months or longer after the last period should be investigated. But then we find the following in italics "*Hormones of and by themselves do not cause pelvic cancer*". Neither Saul Gusberg of New York nor the majority of gynaecologists in the U.S.A. or this country would agree with this statement. There have been too many endometrial cancers reported after the administration of oestrogens, admittedly in high dosage and for a long time. In spite of these and other minor criticisms the book does admirably what it sets out to do. It answers clearly and in a forthright manner numerous questions which might be posed by the intelligent laywoman who is interested in her pelvic anatomy and function or who might be suffering from one of a number of gynaecological disorders.

T. L. T. LEWIS

"Bacteriology, Virology and Immunology for students of medicine" by F. S. Stewart and T. S. L. Bewick. Pp. 486. Price £9.75. Published by Baillière Tindall.

This is a competent and up-to-date book, with admirable surveys of immunology (100 pages) and virology (140 pages). There are of course other competent and up-to-date text books of the same type, so is there anything to be said for this one particularly? Perhaps not. The personal preferences of students (or teachers) often determine the first choice of text book, although this one would certainly come in the top five. In its concern to be correct, it makes somewhat heavy reading at times, for instance in the immunology section, where possible theories are presented for the student to ponder on, with less attempt to give a clear and simplified picture. But this certainly reflects the state of immunology and can be regarded as a good way to present a fast moving subject. One can worry too much about overworked students and the overloaded curriculum! A more serious criticism, after the foregoing remarks, is that in the entire book there is almost no reference to papers (I managed to find two) or even books, where particular points can be followed up. At nearly 500 pages, and nearly £10.00 I suppose that for most students it will be a book to refer to rather than possess.

CEDRIC MIMS

"Fundamentals of Obstetrics and Gynaecology—Volume I: Obstetrics", Second edition, by Derek Llewellyn-Jones. Pp. 475. Price £9.75. Published by Faber & Faber.

During the eight years since this book was first published, it has rapidly become one of the most popular student reference manuals in obstetrics. The second edition therefore, is a welcome arrival to the library shelf.

The lay-out of the book is orderly, in particular the first section which includes the physiology of pregnancy. With the recently renewed interest in breast feeding it is a pity that more space could not be devoted to this subject at the expense of, for example, the section on X-ray pelvimetry. Ultrasound also seems to have been unnecessarily restricted.

It comes as no surprise to those who knew him to see the classification of puerperal sepsis still based on that described by Mr. Gibberd in 1966 shortly before he retired from the staff of Guy's, while one feels that to advocate the now little-used sub-umbilical midline incision

for caesarean section is adhering unnecessarily to the past.

As with the first edition, diagrams are plentiful, complementing the clearly laid-out text. At £9.75, it is not cheap and I would therefore have little hesitation in borrowing rather than buying.

TIM COLTART

"A Pocket Gynaecology." By Sir Stanley Clayton and John R. Newton. Pp. 143. Price £2.25. Published by Churchill Livingstone.

This standard text is well known to generations of students, but with Mr. John Newton as co-author for the first time, the latest edition is guaranteed to contain relevant up-to-date information.

As a pocket book, it is invaluable for "dipping into" at the beginning of the firm. All the common gynaecological disorders are adequately dealt with, although I do feel in this day and age it is somewhat unrealistic to expect the average patient to abstain from intercourse for six weeks while undergoing treatment for trichomonas infection (page 45)!

This apart, I strongly recommend this book and at the very reasonable price of £2.25, it should be within purchasing reach of most.

TIM COLTART

"Geriatric Orthopaedics." Edited by Michael Devas. Pp. 200. Price £8.50. Published by Academic Press.

It has been my pleasure to review this refreshing book which I hope will encourage future interdepartmental co-operation and joint ventures.

It has long been recognised by the members of both the relevant specialties that a large number of orthopaedic patients belong to the older age group and that the management of these patients should be a shared responsibility.

Broadly, this book contains common sense information and stresses the difference in the problems encountered in the elderly orthopaedic patient. The lucid account of various stages of management is most enlightening.

The format of the book is excellent and the chapters on "arthritis in the elderly" and "geriatric amputees" gives concise factual information.

The last chapter of the book is probably the most important from the point of view of those in the process of designing a new geriatric orthopaedic rehabilitation unit.

I feel this book succeeds in giving a succinct and practical account of orthopaedic problems in the elderly in 200 pages, and should adequately cater for the needs of those interested in the subject. It should be a guide to young doctors, nurses and physiotherapists and could find its rightful place on the shelves in the libaries, wards and physiotherapy departments. The price of £8.50 may however preclude this and a cheaper paperback version would be most welcome.

TARA HABIB

"Cancer and Radiotherapy—A Short Guide for Nurses and Medical Students", by J. Walter. Pp. 271. Price £3.95. Published by Churchill Livingstone.

The second edition of Dr. Walter's deservedly popular book has several alterations and additions, in particular a revised chapter on cytotoxic chemotherapy and a new chapter on the lymphoreticular disorders. It opens with a brief look at some aspects of the incidence, natural history and management of commoner cancers, then discusses normal and abnormal growth patterns and aspects of public education about cancer.

The central two-thirds describes the physical principles of radiotherapy and its use in the treatment of neoplastic diseases at various sites. The presentation is, in such a handy little volume, necessarily rather didactic but there are plenty of excellent simple illustrations and a very useful bibliography for further reading. This part ends with a chapter on the use of radioactive isotopes and this leads to sections on the uses of hormones and cytotoxic drugs in the treatment of cancer. Finally there are brief but very useful chapters on the treatment of childhood cancers and of benign conditions and on treatment of pain and terminal care.

The book is brief, comprehensive and sensible and I can strongly recommend it not only to the nurses and medical students to whom it is addressed, but also to anyone interested in radiotherapy and oncology.

P. J. WINTER.

CORRESPONDENCE

Madam,

Mrs. Coleman

My brother and I would like to thank everyone who was kind enough to write, send flowers or attend the crematorium in memory of our mother who died on the 1st of October. She had worked at "The Friends of Guy's Hospital" for many years and had made numerous friends, who unfortunately my brother and I did not know and were therefore unable to thank personally. She will be sadly missed by all her relatives and friends.

Yours faithfully,

Roger and Michael Coleman
and Families.

41 Sunna Gardens,
Sunbury-on-Thames,
Middlesex.

On the Subject of Sex

Madam,

Before there is any quickening of the pulse amongst the male members of the staff we would like to correct the information given in the October Passim.

We are not sure what method of diagnosis was used by you to determine the sex of the new students, but using the time honoured system of self-assessment plus pencil and paper we thought *we* had admitted 41% Medical and 40% Dental students who could be classified as female. Could it be that there are a number of girls who could not bear to be separated from the object of their admiration and therefore have been accompanying them to the wrong lectures when your assessment was made?

Yours faithfully,

R. B. Johns
Sub-Dean of Dental Studies

R. G. Spector
Sub-Dean for Admissions

Re Dental Directory

Madam,

Re your list of unknown addresses for the Dental Directory in the current *Gazette*:

Bransom, W. H. L.D.S. '38.
Wilson, I.C., L.D.S. '29.
I think these are both dead.

Yours faithfully,

J. Cranfield.

Re Dental Directory

Madam,

Re the unknown address in the Guy's Directory.

Mr. A. E. Nelson, Geraldine Road, Wandsworth, died some years ago.

Ubani, Cyril of Worthing, is still alive but lives in a home but I do not have the address.

Yours faithfully,

Eric A. J. Bradley,
L.D.S., R.C.S.Eng.

199 The Gateway,
Dover, Kent, CT16 1LL.

P.S. I am looking forward to a new edition of the Directory.

Re Dental Directory

Madam,

On reading my *Gazette* this morning I see that:—

Edgar Hamilton Muir-Smith (Retd.) is amongst others not having a current address. I regret to inform you that "Tony" Muir-Smith died about a month ago. He was my wife's uncle and brother to Leslie Muir-Smith, who was the oldest diabetic in this country; he also has died.

Tony leaves a widow who is in a nursing home and not too well requiring constant nursing, as her memory is very bad.

Sorry the news is not better.

Yours faithfully,

G. Kenneth Lacey, L.D.S.
(Guy's 1923–27).

Old Pound Cottage,
Little Bookham, Surrey.

P.S. I have now retired and my change of address is above.

Re Dental Directory

Dear Madam,

Thank you for publishing my letter on this subject, and I am delighted to see that interest is being kept up. I am naturally hopeful that the directory will be a full one, both for the medical and dental alumni.

I enclose a short note below from a Guy's man in Ontario which emphasises, I think, the point which has been made, that it is a useful book to have in the Practice in order to keep in touch, and for the referral of patients. I very much hope your efforts will be rewarded by a new Directory before long.

With many thanks.

Yours sincerely,

R. D. Plowman.

7 Harcourt House,
19a Cavendish Square,
London, W1M 9AD.
David Plowman, Esq.

Sir,

You have my complete support in your efforts to get the Guy's Directory updated and republished.

I happened to be at a dinner at Guy's two weeks ago and mentioned this subject to the Dean, Dr. Houston, so when I got home and found your letter in the *Gazette* of 27th August I was delighted.

Let me know if you intend to do anything about it yourself and I shall be pleased to give you some financial support.

Yours sincerely,

James H. Kerr.

126 Cassandra Blvd.,
Don Mills, Ont.
M3A 1S9 Canada.

Dental Clinical Day

Madam,

I have read Professor Emslie's letter with interest and with some disappointment.

It is evident that the Clinical Programme is popular and there is a wish that it should continue. The first such meeting was held in 1933 and was the inspiration of Professor Herbert. In that year Mr. F. S. Warner was the President of the Dental Society and I had the privilege to be its Secretary. By tradition the day has been completed by the Dental Society Dinner, an occasion confined to Guy's dental men and women together with a few medical and dental guests. In essence it has been a reunion dinner, an opportunity to meet old friends and to talk over old times. I feel sure that the new arrangements will destroy this spirit and will deter many from attending. Is there still not a chance that there could be two separate functions? I sincerely hope so.

Yours faithfully,

Gordon Lyle.

Saltersford,
Park Road,
Beckenham, Kent.

From the Bar Secretary

Madam,

Firstly I would like to welcome all the Freshers to Guy's and hope that their stay here will be an enjoyable one and that they will find the bar, use it respectfully, and perhaps one of them will eventually become Bar Secretary!

Many of the older bar frequenters have been requesting a dart board. This had already been thought of, but since the decoration to the bar has been carried out a safe place for one has been difficult to find. However the Bar Committee have decided to finance one. It is designed to be non-removeable, but at Inflams the safety screen will be taken down. It will be placed on the cleaners cupboard by the entrance and will have a spot light. Chalk will be provided but darts won't be for obvious reasons. The last game will take place at normal closing time, and the bar staff will be responsible for locking it. However, should any of the equipment be damaged, we have no intention of replacing it, so be warned. It will be there for your benefit so please treat it as if it were your own.

Two spot lights have been ordered for the table football machines and it is hoped that this will improve your vision.

Unfortunately I cannot say when these items will be installed. The works department is very heavily committed, but at least they are committed to building the dart board and installing the lights as soon as is possible.

Finally, should anyone have any useful (and I emphasise the useful) suggestions regarding the bar, please contact me.

Yours faithfully,

Richard Johns,
Bar Secretary.

East Wing,
Guy's Hospital, SE1 9RT.

SPORT

SPORTS COMMENTARY

November is always a quiet month on the sporting scene at Guys, as exams loom mountainous on the horizon and teams struggle for consistency, or search for wins with suicidal desperation. I don't know whether you have also noticed but I'm sure Mums and Grandmas require more visiting, more weddings occur on Saturdays and girlfriends pose more problems in November than any other autumnal month. This leads to the regular sight of team captains looking for players in the bar on Friday nights — always a sorry vision. The usual line starts.

"Doing anything tomorrow, Jim?"

"Depends, why?"

"We're playing the Indonesian school of third class architects tomorrow."

"Oh. Home or away?"

"Home."

"Oh . . . is Singer playing?"

"Well, yes and no."

"Oh."

There follows a long pause as Jim strokes his beard, scratches his ear and takes a long pull at his pint.

"Well, will you play, Jim?"

"No I'm going to a wedding!"

And so it goes on, each prospective

player dragging as much out of the situation as possible, leaving the captain tearing his hair out in anguish.

On a Friday night such as this I found my old friend and intellectual drunk, Brian Bore. I greeted him with a gentle slap on the back, to which he sprang back assuming a position he had seen in a recent Kung Fu film.

"Be careful," he snarled, "I might have killed you."

He turned back to the bar and reassumed his characteristic slouch.

"Have you sent your application?" I asked.

"No," he said, "I had heard from my sources that Brian Clough is almost certain to get the job so I didn't bother."

"Not that application, fool. I mean your nomination for Guys Sports Personality of the year."

"I thought that was over long ago," said Bore. "Didn't I win?"

"No you didn't," I laughed. "Not *one* person entered a nomination so I decided to announce the competition again. This time I have decided to try and combat the usual Guy's apathy by offering a prize to the person whose nomination for this honourable title is most worthy or amusing. The sum of two guineas shall be paid to him or her at Christmas time when it will be most needed. I just hope one or two people enter this time."

"I doubt they will," sneered Bore. "If I nominate me on this scrap of paper and no one else writes an entry, will I win."

"I suppose so." I replied.

"Good," he said and changed the subject. More than ten minutes on the traffic situation in Richmond is enough for anybody so I left him soon after this.

Lastly this month I would like to pass on the sympathy of the Gazette and its readers to all those people who have been injured in sporting combat (on the pitch) this month. There seem to be many including John Twomey, stalwart of so many battling rugby displays and Tom Alun-Jones whilst playing soccer—isn't it a dangerous game, Tom!

Yours in sport until next month,

J. J. EARNSHAW.

RUGBY

Guy's 3pts., Ipswich 14
H.O.P., Saturday, 5.11.77

Guy's elected to play against the wind the first half on a wet, blustery day. The omens were good when Guy's began the match with aggressive forward play which drove their opponents back. This early pressure was rewarded by a Hughes' penalty kick, however the 60 per cent possession gained by the forwards was wasted to a large extent by inept kicking and passing by the backs. Ipswich then came back into the game and went ahead before half-time with a try and conversion.

The second half saw the same pattern, this time Guy's seemingly unable to use the wind at their disposal, and tight possession was wasted. Ipswich managed to nip in for two more opportunist tries due to poor Guy's tackling, and with conditions worsening Guy's kept the ball available in mauls and rucks for an impressive forward display, Beard especially prominent in the line out. However, the forwards alone could not force a try and so ended a rather disappointing match.

It would not be fair to judge any back in such wet conditions with a greasy ball, but no side can afford to waste possession and opportunities as flagrantly as Guy's did in this performance

Team: Broughton, Reece, Jones, Francis (Cpt.), Portelly, Tunnadine, Laws, Parry, Gibson, Neill, Keevil, Beard, Hagan, Brazier, Hughes.

Guy's 9pts., Purley 12
H.O.P., Saturday, 29.10.77

Some ragged early play produced a succession of early penalties before there was a scrum, thus Purley took a 6—3 lead, Hughes scoring the penalty for Guy's. Guy's then took the initiative in the rucks and mauls and won good possession but the backs just failed to find the punch to break through. Purley landed another penalty before Guy's managed to win four rucks on the trot to put Mike Broughton over for a try just before half time. Hughes converted and the sides were level at the turn.

The second half produced a see-saw battle with both sides having chances. Yet another penalty was landed by Purley and Guy's had two more kickable penalties which Hughes missed. Running the ball from a penalty Keevil got within a yard of the line before being knocked into touch and the excitement continued right up to the final whistle.

A close and enjoyable game was decided by two penalty awards to Purley which astounded Guy's supporters. One in the first half when Gibson was penalized for pulling a Purley player back onside at a maul, and a penalty against Parry for not binding while the Purley front-row deliberately "bent" the rules.

Guy's will certainly play worse during the season and win.

Team: Broughton, Reece, Jones, Francis, Portelly, Tunnadine, Laws, Parry, Gibson, Neil, Keevil, Beard, Palmer, Hagan, Hughes.

Guy's 28pts., Old Dunstonians 0
H.O.P., Saturday, 15.10.77

Both sides began this match very lethargically. Guy's failed to assert any authority on the game in the first half and switched round rather luckily 6—0 up due to two Hughes' penalties. The forwards woke up at the beginning of the second half and started providing some reasonable ball, but poor handling in the backs allowed several golden opportunities to slip by.

More by luck than judgement Guy's tactics changed in that the back-row kept the ball tight in the forwards and only gave the backs second phase possession. As a result the last 15 minutes saw Guy's run in four tries against a very ragged opposition. Firstly, skipper Francis dived in under the posts for an excellent try. Jones added one also near the posts and Reece evaded several tackles to score his try. Hughes converted all these and scored a try himself from some of the plentiful ruck ball available.

In the end a good win, but sustained effort is needed against stronger sides.

Team: Moore, Reece, Jones, Francis, Portelly, Tunnadine, Laws, Parry, Gibson, Neill, Beard, Keevil, Brazier, Hagan, Hughes.

ASSOCIATION FOOTBALL

This now prestigious club has recently started to blossom with a large squad of keen and amiable soccer stars. We run two teams playing twice weekly at present but hope soon to be able to start entering a third team for competition.

Last season the two teams had mixed fortunes. The first eleven was relegated from the Premier division of the London Hospitals University League losing most of its games. However, the second team missed promotion by one place and ran out losers in two cup finals. The spirit in both teams is good with the first looking forward to a quick return to the premier division and the seconds hoping to consolidate on last season's efforts.

At the end of the season the club lost several of its stars and is obviously at this moment looking for replacements. If you wish to play, and have not yet found our corner of the bar, merely contact either Andy Mitchell (1st XI captain) or Neil MacLachlan (2nd XI captain) via the East Wing pigeon holes. It is essential that the club can again assemble a large pool of keen sportsmen, and it is hoped that everyone who has ambitions in this direction will get his (or even her) chance to display their talents. As has been our experience in the past, towards Christmas and Easter everyone gets a chance to play as more girlfriends deplete teams to take their men shopping. The teams also boast convivial after match company, unless you specialise in own goals and no one is allowed to sit lonely in the bar.

Lastly, we are hoping to raise a 3rd XI this season should there be enough people to fill one, because if we can keep on going this year we hope to be able to push for a second pitch at H.O.P. next year. If there is anyone willing to take on the job of captain and organiser he should contact R. Davies (Hon. Secretary).

If anyone would like to know more about the club please contact any of the above named gentlemen who are all excellent chaps.

J. J. EARNSHAW.
Hon. Treasurer.

Guy's 10 v. St. Thomas's 1

Guy's scored a confident victory over St. Thomas's but early goals were hard to come by, before Guy's took control in this hard fought bloody battle at Cobham. Guy's were in fact 1 goal down early in the game but the greater character of the side this year came through and a fight back led by the sterling back four of Mitchel, Harper, Maclachlan, Tamlyn soon put Guy's in the driving seat. The game was highlighted by what must go down as the goal of the season, a fine move that took Andy Mitchell from deep in his own half to the back of the St. Thomas's net with the ball. The game came to boil with captain Mitchel having to leave the field with grievous head injuries, and Guy's had to finish the game with 10 men, (nearly nine if G. Tamlyn had had his way). Other fine goals from Wilson, Perkins, Breeze, Sheppard, Earnshaw, elevated the Guy's goal average.

Guys 8 v. Birbeck College 2

A most impressive 1st half performance by the team gave Guy's the points against an experienced and well organised Birbeck College side, and earned praise from the league President, Mr. "I'll try to keep up with play" Frost.

The shooting skill of Paul Sheppard was a valuable asset in this hard fought game and he ended up with 4 fine goals. The game also saw the return of Dr. Steve "I'll try not to be sick" Evans to the 1st team, but in spite of this it was a fine team performance, with other excellent goals from Mike Breeze, Wilson and Perkins, and John Earnshaw who was tossed the black spot at half time.

HOSPITALS CUP

Guy's 4 v. St. Bart's 2

This was to be a testing game for Guy's as the quality of the Bart's side was largely unknown. The game was as hard fought as any hospital cup match. But Guy's came through with the result even after giving away a couple of soft goals. The forward line pressed hard and some attractive football was played in the first half watched by the new President. John Earnshaw, put away two valuable goals helped by some fine thrusting runs from Mike Breeze, who certainly "turned it on" against a rather crude Bart's defence.

St. Mary's 3 v. Guy's 9

This game under very difficult conditions, was won against a poor opposition, and even poorer control by the Mary's referee.

The poor pitch and difficult wind, made it hard for the more talented team to settle, and early goals were hard to come by. The game nearly started with the Guy's team without their captain by arrangement with British Rail. But everybody, I am sure enjoyed the guided tour of S.W. London, arranged by the vice-captain.

The points were taken home however by goals from John Earnshaw (3), Mike "put my name in print" Breeze (3), Perkins, Sheppard and for the first time this season Dave Reece.

Guy's XI 2 v. London XI 3 (Friendly)

After the second team had beaten London III's 3—0 two weeks ago at Walthamstowe it was decided in a friendly post match booze-up to restage the game as everyone had enjoyed themselves so much. Today's game was the result of this. London had promised to bring an all Jewish eleven—their threat being never to give the ball away. Guy's promised to provide an independent arbiter to search for anatomical proof of religion. As it happened London acceded this boast and played a multi religion team.

As the Guy's team had no recognised goalkeeper, the job was shared among four. Jonathan Earnshaw was steady and unspectacular, Gary Calver was unsteady and spectacular, Neil MacLachlan was steady but forgot to use his hands, and Dave Greenaway after sterling midfield work was too knackered. The unsteadiness of changing formation so often meant the Guys were two down fairly early. The sharp Harry Brunges neatly pulled one back with a sidefoot in the box.

In the second half Clive Archer steadied the midfield and Liam Broughton and young Alex Williams playing as if Ron Greenwood was present, were working well.

However, despite heavy pressure and several near misses from Guy's, London scored from a well taken free kick. Guy's continued the pressure and Tim Miller brilliantly found the net after a sharp run on the wing. The last three minutes were electric as Guy's searched for an equaliser in vain.

If only Guy's had been able to play with such pace in the whole game as in the last quarter of an hour, I am sure the result would have been reversed. Thanks to the London who always provide a battling display, for letting some of those people at Guy's who do not play regularly, get a game. Many of these persons have lots of talent and only fail to get regular games due to the lack of a second pitch at H.O.P. What a pity that we have the depth of talent and the keenness at Guy's for a third team in League competition but not the five thousand square yards!

Team: G. Calver, D. Abraham, N. MacLachlan, H. Williams, T. Miller, L. Broughton, C. Archer, A. Williams, H. Brunges, J. Earnshaw, G. Smith, D. Greenaway.

J.J.E.

FOOTBALL CLUB

29.10.77

London III 0, Guy's II 3

There was an air of expectancy at Walthamstow at 2.30 p.m. October 29th . . . God knows why but there was! The match eventually began at 2.45 with the legendary "Doug" guesting on the left wing for the London.

Early play was even but within 20 minutes gone everything was changed. "Doug" was dragged away by the home side's 1st team and soon after Guy's took the lead. A high centre to the far post found Jon "Meadowlark Lemon" Earnshaw rising with a fine Al Jolson impersonation to hand home the first goal. The referee was beautifully positioned so as not to see this, for which many thanks.

Guy's pushed forward from a solid defence marshalled by Dave Abraham and Mark Battersbury. With Dave Greenaway working well in midfield a second goal was imminent. Another high cross found the London defence in a muddle and Roger Davies netted the second.

In the second half play once more was shared until Dave Greenaway decided to give the Local Casualty Unit some work by imitating a bulldozer while tackling a London man who was subsequently stretchered off (one up to Guy's!). Jon Earnshaw was sent away after a fine build-up to lob over the home 'keeper.

Team: R. Evans, M. Battersbury, D. Abraham, J. Harrison, D. Williams, R. Davies, D. Greenaway, L. Broughton, G. Smith, J. Rawcliffe, J. Earnshaw.

2.11.77

King's IV 1, Guy's II 6

Guy's began this game with a 100 per cent league record to their credit. An indifferent start again by Guy's meant that the first goal did not come for 20 minutes. The first by Keith Underwood showed that he is getting back to form after an early season lay-off. Two goals in the next three minutes by Graeme Smith and Dave Abraham, the latter a superbly judged patella deflection led to Guy's having a comfortable advantage by half-time.

King's revived when Rog Davies played a superb 40-yard ball to their winger who overcame the surprise to run on and beat Robin Evans, the first team he has been beaten by this season. Guy's continued to push forward with good play from all the side especially Keith Underwood and Dave Abraham. Dave Greenaway made it 4—1 with a fine drive from 25 yards and Rog Davies redeemed himeslf with two goals to sew up the game.

Team: R. Evans, M. Battersbury, D. Abraham, T. Miller, D. Williams, R. Davies, D. Smalley, D. Greenaway, K. Underwood, G. Smith, L. Broughton.

HOCKEY CLUB

Old Tauntonians v. Spirochaetes (a)

16.10.77 3—1

After the usual hassle of the "E. Wing at 12.30" syndrome we set off to Surrey to play a favourite fixture.

Eventually playing with 10 men the mixture of 1st XI and 2nd XI took time to settle down but not before the O.T.'s had scored a good goal past the new found talent of Pete Sanders. Duncan Jones with a cry of "We finally got a game" soon provided the equaliser and more importantly the beer at half-time.

The second half was uneventful especially the scoring of two more goals for the O.T.'s—a small point!

A good time was had by all afterwards especially by Jerry Kwok.

Team: P. Sanders, M. Craigen, C. Darby, J. Forrester, D. Maxted (capt.), H. Gillespie, D. Jones, J. Kwok, J. Hart, A. Kingon.

D.F.M.

Guy's A XI 2 vs. London Hospital 0

H.O.P. 19.10.77

This was a great team performance; the team included four freshers and one who had never played before. Guy's started well with only 10 men because our veteran keeper decided to miss the train. Luckily for Steve the Guy's forwards pressed hard and Duncan Jones narrowly missed converting a good cross from Seb Johnson. Guy's continued to attack with the forwards playing very well together. After about 10 minutes a good move down the left found David Keable Elliot free, who saw his chance and scored a great solo goal. Still Guy's attacked, with most attacks starting with David "Have a beer" Hett, a fine addition to Guy's hockey. After a short corner the ball fell loose to Peter Rowley who crashed a shot past Steve Sefton's left ear and Guy's were 2 up.

Finally the London came out of their shell and attacked, but surprisingly they had little penetration, particularly down the right where Julian Hunt, covering back well, and Garth Saward dealt with anything dangerous. The second half started with London calling the tune and Guy's were at last under pressure. Peter Holmes, after looking raw early on, managed some good saving tackles. The few times the London had chances they were dealt with by Steve Martin, but even he was saved a few times by Chris Danby who surprised himself and the team by some brilliant cover tackling. After Guy's had weathered the storm the forwards attacked with David Hett and Robert Weighall supporting well. The London had a few breakaways but they were now a beaten side. Well done boys, the first time we have beaten London for years. Thanks to Peter Sanders for using the whistle when necessary.

Team.—S. Martin, P. Holmes, C. Danby,, G. Saward, D. Hett, R. Weighall, J. Hunt, P. Rowley, S. Johnston, D. Jones, D. Keable Elliot.

D. Jones.

MOUNTAINEERING CLUB

Delusions of Fitness

The Karrimor International Mountain Marathon

The marathon is a two-day mountain navigation race. It was first conceived in 1968, as an experiment to explore the feasibility of the skills acquired in orienteering being applied to competitive navigation in wild and desolate mountain country, thereby promoting higher standards for all who make expeditions into the hills. It was to present the "ultimate challenge" to mountaineers, fell runners, orienteers, marathon walkers and all who seek competition in the hills and mountains of Britain. The event is staged annually in October, in a mountainous area not disclosed to the competitors until two weeks before the event.

The race is divided into five classes, to quote from the entry form:

(1) Elite Course—International class for those of proven ability (80 km).
(2) "A" Course—Exceedingly demanding (70 km).
(3) "B" Course—Less demanding (60 km).
(4) "C" Course—Introduction to mountain orienteering (50 km).
(5) Expedition Course—Non-competitive for those just wanting to walk (40 km).

Having heard many horrific stories from members of the mountaineering fraternity throughout Britain and reading the article on the event last year by Chris Brasher in the Observer, four members of Guy's Mountaineering Club decided to have a go!

Judith Tranter and Jean Prior entered the Expedition Class and André Hedger and myself the "B" course. The venture was not without forethought, for about two months before the event André and I had been pounding the streets of New Cross and St. Albans in a vain attempt to attain a reasonable degree of fitness and entered the Gwent Mountain Marathon as a practice run.

This year's marathon was at Howgill Fells, east of the Lake District.

Saturday dawned bright. What did however worry us was the number of people going through warm-up procedures, jogging up and down the field. We stood still keeping all our energy for the event. After reporting in and having our equipment checked; each team has to carry a tent, cooking utensils, food for the weekend and a couple of sleeping bags, we walked slowly and apprehensively to the starting line. We arrived early enough to be at the front, not that a couple of metres makes much odds in a 60 km event. The last few minutes seemed to take a very long time. We stood listening to all the other competitors expounding their virtues. I was more nervous about this than I have ever been for an exam.

Eventually the gun was fired, we surged forward loosing our place in the front line almost immediately. The first 1,600 m was a "sprint" uphill to collect the description sheets; as André pointed out this sorted the men from the boys!

The four check points for the first day were sited in what can only be described politely as awkward situations, taking us on 4,000ft of ascent. The weather was very helpful and visibility was excellent, our bearings were for a change accurate.

We finished the first day in five hours forty minutes at about 150th out of 350 teams. We pitched the tent and had a brew; even with the bits of earth and grass in it never has tea tasted better. Our evening meal consisted of a dried meal of curry, which we ate with relish, although neither of us like curry; we had picked up the wrong sachet.

Four hours later the girls arrived at the camp site looking a little the worse for wear. We helped them erect their tent and get a brew on and then retired to bed at 6 p.m.

We slept on and off for twelve hours. During the night the weather changed dramatically, the rain was heavy and the tent leaked, my sleeping-bag absorbed the water and the rigours of camping set in. André felt the cold and put everything he had with him on over his waterproofs, which made an irritating rustling noise every time he moved. He also kept moaning of a pain in his side; this we discovered the next morning to be his compass which he had forgotten to take from round his neck.

We were pleased to set off Sunday morning, although it was still raining; after a few minutes, the warmth returned to our limbs. The first section was 2,000ft of ascent, from the camp site up the side of a waterfall into the clouds; this was our first real test of navigational skills. A combination of running, walking and sliding brought us to the first checkpoint in a re-entrant. André was sliding so fast on his backside he shot by; I only stopped by catching hold of the control post.

Later in the morning the clouds began to clear, but not until we had finished did the sun emerge.

The last few kilometres took us through deep marsh and bog reducing our running to a stumble. Eventually the finishing post came into view and we summoned our last few molecules of A.T.P. for the sprint to the finishing line.

The girls arrived about twenty minutes later, walking up to the line, being in a non-competitive class.

Judith and Jean were about half-way in their class, André and I finished in about 90th position. The official results are being sent to us.

We were very surprised at the girls' creditable performance on the second day, considering there were so few women in the competition as a whole.

We would like to thank Mr. Bompas for his help.

Nicholas Taylor

Wales, October 21st–23rd

We left Guy's later than normal Friday evening as it was the annual scrounge at Union Finance Committee for more money.

The van lurched out of the gates. As we waved goodbye to the gate-man he gave us that "I'm not letting you lot in again" look. The van ride is usually quite uneventful, but this time Tom Miller woke us up by missing the turn off to the M1 and gave us an extra "scenic" run to London Colney.

We arrived at Wellington on the A5 for our pilgrimage to the greasy chip shop and then to "slip" across the road for a couple of jars.

The camp site at Llanberis was reached after six hours of singing, jokes and very sore backsides from Mr. Ford's so-called seats. Tents went up quickly by the dry stone wall which offered some protection from the icy wind. The freshers David Woods and Oliver Penny had a little trouble with their tent and were assisted/hindered by André.

The morning struck with a vengeance, drizzle and heavy showers plagued the girls' attempts at preparing our breakfast. Eventually a cup of tea was stuck under the tent door and greedily consumed. No more breakfast was forthcoming until we dressed in damp clothes and entered the elements.

Rock climbing was out, as the rocks presented more like vertical ice-skating rinks.

All twelve of us resorted to a ramble over the peaks of Y Garn, Foel Goch, Mynydd Perfedd, Carnedd Y Filiast and Elidir Fawr. Tim strode out in front while I remained behind to assist the ladies and experiment with my new camera (good excuse anyway).

There were a number of bright intervals but the weather was generally cloudy.

The evening was spent in the bar, listening to all the usual stories—"My fingers were slipping but with supreme strength, I reached the jug handle hold' and Tom's recollections of how to walk the Pennine Way visiting as many Pubs as possible. The ladies retired early to bed and I eventually retired fed up with hearing and telling exaggerated heroic stories of the past.

The weather was even worse the next morning. While lying in bed eating my cornflakes I could see the tent stretch on its elastic guys, and the rain penetrated my inner-tent. Tim and Nicholas Morgan's tent was sodden.

The ladies decided to go off on another walk and I grudgingly followed as I couldn't let them prove themselves to be more persistent than I.

Eight of us started off down the road to climb the horse shoe behind Llanberis of Foel Goch, Foelgron and Moel Eilis. By the first summit only four of us remained. The wind was strong and Dave Woods and I had to help the ladies by holding their hands, to reach the last summit. Really it was to stop them blowing away as numerous times we were reduced to crawling on our knees to avoid descending the hard won feet we had just struggled up.

Soaked to the skin we returned to Llanberis and that inevitable pot of tea.

I drove home with the heater full on to dry out our clothes; the atmosphere within the van was "ruff" with the smell of cow-dung, damp clothes and sweaty bodies.

The return journey passed quickly with an incredible supply of jokes from Steve Newell, a stop for chips and a pint and a hearty sing.

Guy's hadn't changed when we returned.

The A.G.M. for 1977–78 was held on 20th October.

The following were elected:

President: Mr. Peter Davidson.

Vice-Presidents: Mr. Boulter, Prof. Cameron, Nicholas Taylor.

Secretary/Treasurer: Nicholas Morgan.

Equipment Officer: Jean Prior, assisted by André Hedger.

Committee: Tim Miller, Judith Tranter, Helen Herbert, Richard Johns, David Wood, Steve Gregson, Steve Newell.

Next Meets:

December 2nd–4th.

February 3rd–5th: Annual Dinner. Meet Cobdens Hotel.

The Club notice board has more details of these and other activities.

HOSPITAL INFORMATION

The Sir Cosmo and Lady Mabel Bonsor Scholarship

This Scholarship is awarded each year and applications are invited from members of the Guy's Hospital Nurses' League. The closing date is 15th December, 1977, and applications should be sent to the Honorary Secretary, Guy's Hospital Nurses' League, c/o Nursing Administration, Guy's Hospital, London,. SE1 9RT.

PASS LISTS

University of London M.Sc. Radiation Biology

D. J. Moore

University of London Examinations in Basic Medical Sciences and Pharmacology

September 1977

Bagley, John Sorrell
Beech, Michael John
Free, Lucy Caroline
Houghton, Andrew David
Janikoun, Sarah Gay

L.R.C.P., M.R.C.S.

October 1977

A. P. J. MacDonald
G. J. Murphy
S. G. Overal (Miss)
J. D. Taylor
D. J. T. Wright

MARRIAGES

JONES—MORISON. The marriage took place on 19th November, 1977, at Blackheath, S.E. London, between Dr. David Jones and Miss Janty Morison.

DEATHS

REEVES.—Dr. T. L. Reeves died on 11th October, 1977.

CHANGES OF ADDRESS

Dr. and Mrs. Derrick Dodshon, 9 Junction Road, Wahroonga, N.S.W. 2076, Australia. Tel. 4873283.

G. Kenneth Lacey, Old Pound Cottage, Little Bookham, Surrey.

Mr. D. M. MacDonald, F.R.C.S., F.D.S., Hampshire Place, Ridgeway Lane, Lymington, Hampshire, SO4 8AA. Tel. Lymington 75672.

Mr. Peter Peace, B.Sc., F.R.C.S., and Mrs. Jane Peace, Craigard, Treworthal Road, Perran-ar-Worthal, Truro, Cornwall, TR3 7QB.

PERSONAL

COMPANION for elderly Guy's nurse in Luxurious two bedroom flat in private grounds. Close to Epping Forest on the Central line. Terms by arrangement. Please contact Mary Dowsett, 36 Monkhams Drive, Woodford Green. Tel. 01-505 1311.

WORKING HOUSEKEEPER required by single physician. Harley Street area. Box No. 111/77.

S.M.E.C. ELECTIONS OCTOBER 1977

PRELIMINARY YEAR:
Miss E. F. Storr

FIRST YEAR B.M.S.:
Miss C. A. Elliott
A. D. Lawson

SECOND YEAR B.M.S.:
S. P. G. Moore
Miss V. M. Lawrence

B.Sc. YEAR:
R. C. Trembath

FIRST CLINICAL YEAR:
L. N. Denmark
J. M. Theaker

SECOND AND SUBSEQUENT CLINICAL YEARS:
A. P. Boardman
Miss H. J. Milburn
J. P. O'Hare
R. F. Reading

\+ Junior Staff:
Dr. M. D. O'Brien
Dr. D. M. C. Cance
Dr. Ngtang Fui
Dr. S. J. Golding
Dr. P. Crome

PAPERS BY GUY'S MEN

Ashley, F. P. and Wilson, R. F. Effect of sweets supplemented with Dicalcium phosphate on dental plaque consumption. **Caries Research,** 1977, **11,** 336-344.

Evans, P. R. Short stature with pigmentation. **Archives of Diseases of Childhood,** 1977, **52,** 664-666.

Fleminger, J. J., Dalton, R. and Standage, K. F. Handeness in psychiatric patients. **British Journal of Psychiatry,** 1977, **131,** 448-52.

Gardiner, P. A. Children's eye clinics (Correspondence). British Medical Journal, 1977, **2,** 1083.

Hunt, N. D. Direct traction applied to unerupted teeth using the acid-etch technique. **British Journal of Orthodontics,** 1977, **4,** 211-212.

Lessof, M. H. Reducing the problems of coricosteroid therapy. **British Journal of Hospital Medicine,** 1977, **18,** 360-365.

J. McColl. The Guy's surgical training programme: a report on the first five years.. **British Journal of Surgery,** 1977, **64,** 745-746.

Mulholland, W. V. Screening children for visual defects. (Correspondence). **British Medical Journal,** 1977, **2,** 1083.

Williams-Smith, D. L. and another. Oxidation-reduction potentials of sytochromes P-450 and Ferredoxin in the loovine adrenal. Their modification by substrates and inhibitors. **Biochimica et Biophysica Acta,** 1977, **499,** 432-442.

GUY'S HOSPITAL GAZETTE

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MONTHLY 17 DECEMBER 1977 VOLUME 92 NUMBER 2277

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

PASSIM

Taking up a line

Some of the very few students who turned up to the recent Union General Meeting may have wondered a little about item 8 on the agenda, thinking that perhaps it wasn't the usual sort of thing discussed on these occasions. Item 8 is not directly concerned with the Clubs' Union or Guy's Hospital at all, but rather with Government policy. It declares that it is the duty of medical and dental students to play a constructive role in influencing government economic policy, and sets out in four articles a policy favouring *selective reductions in public spending in order to reduce inflation and bring* about economic recovery.

In view of last month's *Passim,* "No to Politics?" this is an interesting development. Those who believe that Guy's students have little interest in national student politics will be encouraged in their belief by the knowledge that the Union General Meeting has been inquorate on three occasions and therefore nothing on the agenda, including item 8, has yet been discussed. Are the officers of the Clubs' Union seriously out of step with the student body they have been elected to represent? From one point of view item 8, and the counter-motions that it will inevitably elicit from other activists, is a further attempt to politicise the Clubs' Union; the defeated N.U.S. membership campaign being the first. The depressing prospect of Union meetings being taken over by left and right wingers arguing interminably over political issues is a real one. The danger is that it will alienate a large proportion of apolitical students, reduce the time available for discussing Guy's matters and achieve nothing. Since Union meetings are held so seldom and attract such a small audience it may be questioned whether the time is right to introduce matters of national politics, since the majority are clearly not interested, or prefer to discuss politics elsewhere than at Union meetings. If the President and his officers were known to hold political views of a certain sort would those students holding contrary views still regard them as their representatives, or as adversaries? It is an interesting thought.

The reasons for bringing national issues to the attention of Guy's students are compelling. Such matters are discussed at practically every other student union in the country, and political motions form the staple diet of many N.U.S. meetings and conferences, and increasingly those of the U.L.U. Medical and Dental Groups. At present our representatives at outside meetings and conferences can only make known their personal views, for Guy's has no political "line" on relevant matters of current concern, and there is a danger that such views may be taken as those of the Union as a whole. This must be a frustrating handicap. Perhaps it is right that Guy's medical students should register their concern about, for example, the projected shortage of pre-registration house jobs (item 9 on that agenda) which is, of course, a political issue. Where then to draw the line between the legitimate concern of all and the political designs of the few? Has the time come for Guy's students to lose their innocence and form a collective opinion—to take up a line?

Avoiding taxation

There is little doubt that doctors and dentists, like many others, have taken a fall in living standards. It is also well known that those who feel a moral obligation towards their work and who are therefore reluctant to withdraw their services, for whatever reasons, are those who are financially least well treated by governments. I have never heard of a government, of its own initiative, awarding increases to those who refuse to use industrial action, quite the contrary.

I was surprised therefore to hear an M.P. remarking on television that people and businesses who employ accountants and tax consultants in attempts to avoid taxation, *by purely legal means,* are shirking their responsibilities to the community. Tax avoidance is a direct result of punitively high rates of taxation. Governments are forced in the most basic recognition of fairness, to make certain exclusion clauses. As taxes get higher so the number of exclusion clauses must rise and consequently the opportunity for avoidance increases—I should add that so does the temptation for evasion.

Because it is possible, quite legally, to avoid unnecessary taxes then it must be successive governments who have shirked their responsibilities by not telling us how we can pay *minimum* rates of taxes!

Christmas Greeting

The *Gazette* Committee and the managerial and editorial staff of the *Gazette* would like to take this opportunity of wishing all our readers a Merry Christmas and a Happy New Year. We would also like to thank you all for your support and hope that you will continue to enjoy the *Gazette* in years to come.

Our special correspondents, Claude Balls, I. P. Daily, Brian Bore and Thomas E. Crapper send their best regards. Bob Hope is 73.

NEWS IN BRIEF

New Consultant appointment

Mr. P. D. Davies (Guy's 1965), Senior Registrar in Ophthalmology at the Middlesex Hospital, has been appointed Consultant Ophthalmic Surgeon to the Norfolk and Norwich Hospital. We offer him our heartiest congratulations.

New look biochemistry

We welcome Professor A. T. Diplock, the new professor of biochemistry, who begins full time work in the department at the beginning of January. The *Gazette* will be publishing an interview with Prof. Diplock in the next edition.

Guy's Hospital Society, Bournemouth and Wessex

Readers may be interested to know that the 22nd Annual Dinner of this society was held at Bournemouth on November 11th, when over fifty members and guests attended. Mr. T. H. Redpath was in the chair. At the Annual General Meeting Mr. W. G. Cross was elected chairman for the following year, and Mrs. M. F. Clarke and Mr. E. H. Archard were re-elected Honorary Treasurer and Honorary Secretary respectively. After, the chairman introduced the guest speaker, Dr. Harry Freeman, who gave an entertaining speech on his reminiscences of Guy's in his student days.

A pleasant surprise for the Friends of Guy's Hospital

Out of the blue a Mr. Stanhope called recently at the office of The Friends of Guy's Hospital with a large bottle containing coins and notes. On breaking the bottle it was found to contain the splendid sum of £65.71.

This amount had been collected from the customers of Mr. J. Boyle at the British Lion public house, Benhill Road, Camberwell.

A Christmas Greeting from Thatchings

To all our friends wherever they are — A Happy New Year.
Janet and Lassie, 22 Mill Park Road, Nyetimber,
Pagham, Nr. Bognor Regis, Sussex.

Christmas gifts

In case you've overlooked the advert this month, the *Gazette* would like to remind its readers that a set of three etchings of the Hospital by Hanslip Fletcher are available at our office. The set can be mailed to any address in the country for £1.20—a charming Christmas gift. The subjects illustrated are the Main Entrance, Guy's Park and Hunt's House, the first appearing on our cover.

Fire Patrols

Following the fire which devastated the Student Club at King's recently and the arson at the Middlesex, the Medical School Office has arranged fire-watching patrols for the duration of the firemen's strike. Hardy student volunteers are keeping lonely vigil in the East Wing, the Medical School and St. Christopher's Hostel throughout the nights. Although they would no doubt do this from a sense of duty, the volunteers are encouraged by a fee of £5 per session, which can be extracted from the Accounts Office. Tell that to the firemen!

Radiography Column

We regret that our new radiography column will not be appearing this month. Unfortunately our correspondent, Jill Guest, has been taken ill. We wish her a speedy recovery.

Party cancellation

The 2nd BDS party due to take place on Saturday, 17th December, has been cancelled due to the emergency fire regulations. The organisers hope that the party will take place in February. Until the end of the firemen's strike the Medical School Office has said that there will be no more parties or dances in the East Wing.

Dates from the Medical and Dental Diaries

Friday 16th December—Winter term ends.
Sunday 25th — Tuesday 27th December—Medical School Office closed.
Monday 9th January—Spring term begins.

Happy retirement!

On 31st October a large cross-section of Guy's people, past and present, attended a party at the Medical School to wish Miss Doris Pugh and Miss Ethel Westbrook a long and happy retirement after thirty-one years of capable and devoted service in the School Accounts Office. On behalf of all Guy's men and women we too wish them both well and say "thank you".

The family saloon

Direct evidence of the effects of sustained falls in the living standards of Guy's consultants. Is it Dr. Scott's?

CLUBS' UNION NEWS

Once again (for the third time this term) there was a vain attempt to hold a Union General Meeting on Monday, 5th December. Whilst accepting that publicity for these meetings could have been better, it is rather dismal to find that it is impossible to assemble one-tenth of the students at Guy's in order to discuss the workings and activities of the Union. Whether it is worthwhile going into another "Guy's Apathy" debate is certainly questionable. However, the lack of support demonstrated at these meetings makes the job of representing students properly, virtually impossible. It is very tempting to leave the "activists" within the Union to get on with it, but this does represent a serious misunderstanding of why these "activists" are there. It is very easy for me to go to U.L.U., to Union Council, and to School Council and present my own views on a particular subject, and because of my position this will be accepted as the viewpoint of the "Guy's student". However, it is clear that my own opinions are not really sufficient, and will quite understandably differ from time to time with those of the student population. It is for this reason that all students must make a conscious effort to attend General Meetings. As the General Meeting is the sovereign body of the Union, the Union cannot carry out its functions correctly without Union General Meetings which are quorate. Indeed, as a good example of the need for U.G.M.'s, without such a sovereign body the Union would undoubtedly be affiliated to N.U.S. by now, which would quite clearly be against the views of the majority of members at this present time.

Health Student Day

The Clubs' Union, together with the Health Student Sector of London Students Organisation, held a "Health Students Day" on Saturday, 26th November. Although the attendance was not anything to write home about, the day was a success in that it brought out some interesting points about students within the Health Sector.

The concept of the health student is an important one for all of us at Guy's. It is very easy for a medical or dental student to develop a very chauvinistic attitude towards his training. Nurses or physiotherapists may be seen as some sort of lesser mortal, rather than an essential part of the total health care of a patient, which after all is the ultimate thing for which we all strive. The Health Student Day served to remind people of this point, and illustrated the lack of knowledge about other disciplines—the medical student attempt to make a hospital bed was truly hilarious! We hope that more Health Student Days will be held, not only at Guy's but all round London, and I think that it is well worth the effort to attend one. The subject matter is not too serious but, hopefully, at the end of the day one thinks about what the health student really is all about!

Election of Union Officers

Soon, very soon in fact, the Union will come to the end of another year, and elections for new officers will be upon us once again. I expect that once again the Spit will be full of (albeit very light) propaganda about why Joe Bloggs will make an excellent President, and why you should vote for him because of his ability to solve the catering problem, and being able to drink ten pints a night in the bar in order to mix with everybody! But seriously, nominations for the new Union Officers will be

open from the beginning of January, and it is a time when every student should give some thought to the Union. Many of you will have thoughts about what is wrong with the Union, and indeed there is a great deal to be done. Well, think about it, and have you ever considered standing as a candidate for the Union elections? The Union Council consists of very ordinary people who are prepared to put a bit of time into making the whole thing work. Indeed it is essential that these people are "ordinary" in the sense that they do not lose touch with what people really want, which is a very easy trap to fall into. Please come and discuss the role of the Union Officers with me, or with any other officer, to find out more about the work involved. The more people that stand for any particular post, the greater probability there is of getting the very best person for the job.

Finally, I trust that everyone will return from the Christmas break all set to give their support to the Union, having recovered from the post-examination and festive inebriation from which I am suffering at this very moment! There is much to be done, and your support is urgently required!

Francis Hughes.

COME AND DRINK DEEP IN THE BOROUGH

What better time than Christmas to consider our local pubs and the area around the hospital is particularly rich in these. I propose to discuss a few and leave the rest for others.

The yards at the back of the hospital used to be full of pubs frequented by the Elizabethan coneycatchers* and some say Christopher Marlowe was murdered in one of them. Of that era only the **George** remains intact, with its impressive gallery and innumerable tourists. It is certainly worth a visit and the beer is quite drinkable if you can get it. Unfortunately the bar hatches are small and usually surrounded by hordes of Americans so the seasoned Guy's man tends to go elsewhere. Nonetheless, there can be a pleasant atmosphere at the long wooden tables and foreigners are most impressed when a bleep goes off—those left tend to be given a drink, perhaps in an attempt to get to know the locals?

The **Leathersellers Arms** is better for meeting the locals, it is also better on the palate and pocket, having Arkles and Fullers. There is sawdust on the floor, flourishing darts and singing. Guy's people are welcomed and have begun to form a major part of the clientele. Part of the old Leathersellers Exchange has been converted to form this free house, the other part is still empty although some are talking of starting a restaurant. A new restaurant would be a great boon in this area which is bereft of good eating places. Most pubs provide some food, the most salubrious being more adventurous, but none could possibly earn an accolade in excess of lugubrious.

For members of the fairer sex and those who wish to entertain them, the **Anchor** on Bankside is more appropriate than the **Leathersellers**, with small bars each with its own atmosphere and rooms named after Samuel Johnson and his contemporaries. Johnson might well have eaten here and there is still food available upstairs with a view over the Thames, but unfortunately this is the best part of it. The food is mediocre, the service worse and the beer top pressure. But it does have a good view of the river from its platform across the road and is very pleasant in the summer. In our area we are blessed with some of the best river pubs. They are all well

* Undesirable underground characters who duped or gulled the unwary.

worth visiting, if only for the view. In most cases, there are extra attactions. Anyone near St. Olave's on a summer lunchtime should go to the **Mayflower** and the riverside at Greenwich has several excellent hostelries.

To return to the immediate Guy's vicinity; behind the York Clinic, therefore very useful, is the **Grapes**. Like the **George**, a yard pub but without its architecture and history. It used to be very popular with Guy's students but lost all trade when the landlord objected to singing. The brewery were most distressed at the loss in revenue and so redecorated the place, removing much of its character, but providing more space. With the expansion of the students' bar, the **Grapes** has never recovered its old trade but is still a pleasant, convenient watering hole—but no birds sing.

The **Old Miller of Mansfield**, like the **Grapes**, is just on the outskirts of the hospital and similarly has changed much since rebuilding; it is convenient and there is a small patio which is pleasant in the summertime. The opening of Wolfson House has introduced resident students for the first time to the site who, as well as using the students' bar, will each have a favourite drinking hole, but perhaps the **Rose** is the Wolfson local; the atmosphere is pleasant and the beer cheap. The **Leathersellers Arms** and **Simon the Tanner** which provides excellent Shepherd and Neame also vie for the title but are rather further away. I have never been able to understand why the **Whitesmiths Arms** has not been more popular, it is as close to the back of Guy's as the **Miller**, being just down Crosby Row and has very drinkable Guinness and Courages. Courage Directors is available on weekdays only at the **Kings Arms** on Newcomen Street, but I have yet to see a Guy's man there.

Perhaps Guy's students' drinking habits have changed, or with the excellent facilities in the students' bar, everyone has become less adventurous! Who now talks of the Circle Line—half a pint in a pub at every station along the Circle Line during opening hours—or of a 24 hour wobbly? There was a time when it was possible to drink for 24 hours nonstop in the Borough. Now it is necessary to go across the river in the early hours. Perhaps it is appropriate to remember **Becky's Dive Bar** which passed away a couple of years ago. To be fair it was filthy, but there was an atmosphere which made everyone forget the floaters in the beer and the stench from the lavatories. Here were rare beers in profusion—such profusion and such rarities that one barrel might last months—and here one might fill the early morning hours between the closing of ordinary pubs and the opening of the Borough Market pubs. Aficionados of pubbing would start and end here and some still talk of it in revered tones. The stories of this matriarchy will multiply and swell with the telling until someone starts to write about it.

Quite close to old Becky's and at one of the entrances to the Borough Market is the **Globe** which has Ruddles and the best draught Guinness in the Borough, or perhaps second only to the students' bars? They also serve good mushroom butties and have a tame flasher, but no one takes any notice of him.

With the reduction in the number of people living around Guy's and the influx of City companies to Southwark, several firms have started to cater for the more exclusive business luncheon, providing a sometimes welcome change from beer. The nearest to Guy's is the **Loose Vine** which is a transformed upper Grapes. It has a fair selection of wines, excellent Brie but unfortunately has started to provide noisy entertainment in the evenings. There is, however, a secluded patio at the back which is a haven in summer.

John Davy has several similar wine bars; these are not as crowded at lunchtime and close early in the evening, so beware. They are excellent for a leisurely lunch of smoked mackerel, game pie and stilton or an early evening glass of madeira. Davy is a Free Vintner so can arrange his own opening times very largely; in theory he could open when everywhere else is closing—oh bliss! Being a good businessman he dos not, but provides excellent claret and port including most vintages. Free Vintners must operate on the main approach roads to the City and after the **Boot and Flogger** moved from its very convenient position on Borough High Street to a side road off Southwark Bridge Road (Redcross Way), this accolade seemed in jeopardy, but fortunately another branch, **Skinkers**, was opened on Tooley Street and all was saved. This is my favourite, especially when lunching in one of the coffee-house type cubicles and I hope it has not been damaged by the recent fire at the *London Dungeon.* A third Davy House has recently opened on the Borough High Street, so we have come full circle.

For those who do not like my selection, perhaps they might like to try such exotica as the **Cow Who Jumped Over the Moon**, the **Earth Rent Asunder** or the **Thomas à Becket** where the best boxers in South London spar. There are so many others to be mentioned and sampled: why not try the **Britannia Arms** (Brit) for lunch cooked by the landlord's charming French wife or the **Blue Eyed Maid** and her wares.

To finish, do not forget Guy's itself where there are three club bars; the staff bar in the cellars under Guy's House, the residents' bar—more suitably called the mess—and the students' bar which is now the focal point of so many students' lives, and some nurses too! This resurgence has contributed to the decline of several outside hostelries and makes one wonder whether all students are more concerned with observing the rituals of alcohol than being adventurous and considering where best to procure it. The students' bar has many advantages, the beer is plentiful, varied and cheap; a surprising number of wines are available by the bottle and the faces are familiar. But as always it will be closed over Christmas, unlike the magnificent selection outside.

I wish you a very merry Christmas and remind you of T. F. Powys' saying: "Time be stopped", said Gunter, "And drinking do go on forever".

Bacchus.

QUODLIBET SOCIETY

WILLIAM REES-MOGG — "NEWSPAPERS IN POLITICS"

Thursday, December 1st

Fleet Street is reputedly sly, ruthless and without principle. Mr. Rees-Mogg is none of these. Indeed, speaking here at Guy's last Thursday on "The Press and Politics", he seemed more of an elder statesman or latter-day John Stuart Mill than a man from the press. Unlike most elder statesmen he was, however, entirely credible.

The ten years during which William Rees-Mogg has been editor of *The Times,* have led him to think that the press should accept a certain degree of political responsibility. As an evolutionist, he believes that studied criticism of government behaviour must respect the fact that it *is* the government in the first place. All our attempts to destroy or discredit a particular government, succeed only in making people mistrust the very concept of government itself.

Nevertheless, with its traditions of old fashioned liberalism, *The Times* is concerned with protecting the individual against the increasingly substantial and often malignant bureaucracies that surround him. It has shown this kind of concern over the question of the Russian dissidents, with whom Mr. Rees-Mogg has personal empathy. He feels that such dissidents should not only be freed for past actions, but also that they should be free to voice their dissent. As such dissent is invariably against the Politburo, his quest is clearly more than that of establishing human rights, it concerns too the idea of what fair Government is about.

The crucial question of the evening for most of us was obvious. To what extent are our brains whitewashed by those masters in Fleet Street? "Very little" was the humble answer. For a start, and often in spite of what readers might have liked, *The Times* was happy to publish views that "it" did not agree with. Such was the case when the National Front was given news space, though Mr. Rees-Mogg added that one of his intentions on this occasion had been to show their lack of credibility. One could have wondered from this how he might treat a credible point of view that he disagreed with, but in practice his record is pretty clean in this respect. Anyway, he believes that even if you publish opposing views, the public will tend to be strengthened in those views it agrees with and unaffected by those views with which it doesn't agree. This is probably true of those big questions where most of us know a few of the facts, and some of the alternative viewpoints. Yet there is a large amount of new information that is fed to us every day, which has a certain invisible man's opinions invisibly tagged on to it, and which surely makes some invisible but substantial impression upon us. When facts and opinions can be separated, and especially when we have plenty of both, then the press does lose its power. It is when fact and opinion are, often on purpose, merged, and when the reader fails to notice this merger, that the press is at its most powerful and deadly. As Mr. Rees-Mogg pointed out, the journalist can incorporate his personal judgements in an article, but his editor is exercising a further set of perhaps more important judgements when he decides whether he will include the article, and if so where he will put it. If we feel hard done by and would like to protect ourselves from this helpless inculcation of received opinion, we must remember how "boring and unreadable straight facts really are". This was clearly a man from the press speaking, yet what he said was, unfortunately, absolutely true. Why else, one might ask, are we gradually moving towards newspapers that really don't have any facts, important ones at least, at all? All the same *The Times* does have a respect for the facts, which surpasses many other newspapers, as many of its correspondents (the medical one for instance), are fully qualified so as to be able to deal with them in as objective a way as possible.

Not all of William Rees-Mogg's talk was quite so cognitive. He invited us to imagine ourselves as journalists during the French Revolution, and told us about the man, who sued *The Times* over an incorrect solution to a bridge problem. He informed us too that the only "model" ever to appear in *The Times,* in that famous Fison's advertisement, had unlike the riff-raff on page three of the *Sun,* become world famous.

The evening was one of the most stimulating that Quodlibet has had since its resurrection from the ashes two years ago. Mr. Rees-Mogg should, however, have entitled it "Politics, the Press and *The Times*". For it provided us with a masterful impression of how a responsible press might operate, and what it could be capable of. As a description or defence of the British Press in general, it could only remind one of the tactics of O'Brien

in *1984*. That is because a good responsible press is what we haven't got. Mr. Rees-Mogg is hardly to blame for this. While the public lean towards newspapers with less serious objectives than those of his own, there is precious little incentive for the Press to show any responsibility in politics, medicine or anything for that matter . . . except the making of large sums of money from a gullible public.

M. D. D.

R.C.T. and J.N.B. write:

The Times newspaper, founded in 1785, has developed and matured into the world's most famous and prestigious newspaper. For the past 10 years this pillar of the news media has been edited by the former Oxford undergraduate, Mr. William Rees-Mogg.

During a most enlightening meeting Mr. Rees-Mogg described the freedoms and limitations of newspapers to comment on political events and in particular the decisions of the governing party. Unlike *Le Monde* in France, which openly attacks the political Establishment, Mr. Rees-Mogg suggested that *The Times* offered a balanced and constructive commentary. He stated that the newspaper served to protect the individual against institutions, whether this be the State, giant multinational companies or the unions.

This balance is formulated by the Editor with assistance from his editorial board. The leader columns are invariably the opinions of a journalist from within the organisation.

Mr. Rees-Mogg admitted that *The Times* has always been "out of phase" with social and political change. In the late 1880's the newspaper ran a leader demanding the protection of the individual's rights—regarding the pressures from the medical profession to legislate for the provision for private baths and public wash-houses as a grave development. A reluctance to promote change while keeping its readers fully informed of developments has been and continues to be the image of *The Times*.

SHE WOULD IF SHE COULD

Greenwood Theatre, November 29th and 30th, December 2nd

Good publicity and great anticipation preceded the Theatre Club's latest production "She Would if She Could"—a Restoration Comedy. The appetite was further whetted by the authentic musical introduction. Dr. Blacker's arrangement and orchestral accompaniment set the scene effectively. However, from the very outset the actors failed to capture the audience's imagination. This might well be attributed to an inaudible delivery and a certain drabness of expression. One quickly wondered if the actors really did understand what they were saying. However much of the confusion was resolved by the arrival of Charles Merivale's clear voice and convincing female-impersonation. He was an unopposed foil to the two "camp" and rather ineffectual "Gentlemen". We doubt if anyone in the audience would be convinced by the remotest possibility of any romantic encounter apart from with one-another.

We found the prolonged scene-changes both enigmatic and irritating even though it gave us the opportunity to hear more of the delightful music. Most of us were clearly lost. However Mr. Lawson's entry must have provoked a vivid sense of *déjà vu* amongst the more loyal members of our Greenwood audiences.

As a club, conditions for producing plays vary as do their quality, but audiences expect this and will forgive all providing they have been entertained and have had value for money. In this case the whole production was very self-indulgent as far as the cast was concerned—and that is inexcusable if one is charging 70p for admission. To sum up, despite the quality of the costumes and the music this production lacked the magic that could have made it entertaining.

Stephen Humphreys,
Robert Glynne-Jones.

PHOTOGRAPHIC SOCIETY

Hopefully, 1978 will see a great increase in the activities of this society and arrangements are well in hand for a number of informal lectures. As current society members cover a wide spectrum of photographic experience, subjects will range from basic to advanced techniques. Redecoration of the darkroom is also plannd, Works Department willing. This combined with a general increase of darkroom facilities, i.e. more storage room, and lockable drawers should make the place more pleasant to work in. Our grant this year is, as usual, inadequate, so plans for colour printing will have to be shelved. At present equipment purchases are running along the lines of a bulk black and white film loader, so that the club can sell cassettes of black and white film to club members, a print magnifier and a new timer. We are also hoping to negotiate discount facilities with a well known London Bridge photographic suppliers. It is hoped, through the *Gazette*, to provide a means of exhibiting society members' work. Perhaps entries can be judged at society meetings providing excellent opportunities for criticism—constructive or otherwise.

Our A.G.M. is on Thursday, January 12th, 1978, do come along if you are interested in the club. If you wish to join drop me a note via the East Wing notice board.

Jon Harrison.

DENTAL ELECTIVE IN THE REPUBLIC OF SOUTH AFRICA

Part two

Charles Cole

While at Wits, I spent my time looking around the various departments, attending lectures and clinical pathology sessions, observing in theatres and arranging various trips to hospitals in and around Johannesburg.

The first hospital was Tembisa—a fairly small hospital for non-European patients about 30 kms from Pretoria. One Tuesday I went with Dr. Coplyn and Dr. Struthers and spent a whole day there. The maxillo-facial oral surgeons are kept busy in South Africa. The urban black is tough and the value he puts on life appears to be small. They assault each other in the most brutal fashion, only three jaw wirings after a weekend is below average and we spent a morning in theatre wiring jaws. Although these procedures could be performed without general anaesthetic, as I have already said, these people are wary of the white man's medicine and many prefer to be "asleep". I spent the rest of the day in theatres and saw some more operations. The final case of the day involved a young man who had burned his hand. The resultant scar tissue contraction now prevented him from opening it. The skin was cut, scar tissue removed, the hand was

straightened and a pedicle graft, from his hip, sewn to his hand. The most terrible burns seemed quite common among the black population. Soweto has no electricity, neither do any of the other townships, or if they do, then the people can't afford to install it or pay for it. Hence primus stoves and paraffin burners are used to provide heat and light. Accidents seem common. One woman I spoke to said her neighbour, with whom she had had a slight quarrel, simply poured boiling water over her, severely burning both her legs, thighs and arms.

The next time I went to Tembisa, Dr. Coplyn was unwell and I was able to assist Dr. Struthers with the morning's list. Cases again involved jaw wiring. The first case was a nasty alveolar fracture involving three-quarters of the arch, the second jaw was fractured in two places, the blow having splintered part of the lower border, the third case involved a woman who had quarrelled with her husband—she had a fractured and depressed left zygoma upon which we performed a Gilles lift procedure. Teeth in the line of fracture are routinely extracted, as many have to walk considerable distances, they may not return for some months by which time they will have removed the interarch wiring, but osteomyelitis may be advanced.

I was next to visit East Rand Hospital where Dr. Lownie holds a clinic. Again most cases involved treatment of trauma to the face and jaws, I saw a ranula there, for the first time, and also came to realise some of the problems involved in treating these people. Often the patient will have been to a witch doctor first and been fed with moderately poisonous concoctions. They can be in a very poor state by the time they are brought to the white man's hospital and pneumonia claims its victims.

People living in the homelands received very little dental treatment until recently when government policy made the various hospitals responsible for providing a service to them. Wits is responsible for Kwazulu (the homeland of the Zulu people) which is situated on the south east coast of Africa some 150 miles north of Durban. The expedition lasts about a week during which time students visit the various clinics providing an extraction service. The first clinic we set up was in Nongoma—(in Zulu this means "the place where the people dance") at a Benedictine mission hospital. To get there we travelled many miles on dust roads through unspoiled countryside—no pylons—no power stations! In 10,000 years the villages, traditions and ways of life will have changed little. They know nothing about Mr. Vorster or Mr. Smith, and they have never heard of England, although some speak her language.

Most of the people in Zululand live in mud huts, the floors are made from a mixture of dried cow-dung and mud, as many as 10 can sleep in one hut. As a result of these conditions such as impetigo, scabies and boils, the size of which I have not seen before, are common. Syphilis is also quite common and many come for the big white injection (procaine penicillin). Treatment of trauma again is quite a problem—but nothing like the townships.

As far as I could tell these people suffer from caries and periodontal disease as much as any other population. It took some time for the word to get around that we were coming, bush telegraph is not the most sophisticated form of communication. As a result Monday was comparatively quiet but on Friday afternoon we saw 92 patients in three hours, most of them required extraction of at least two teeth. I examined the patients, someone else wrote down on the ticket which teeth were to be extracted, another

anaesthetised and six others used the forceps. One quickly learns not to break off crowns as there are no facilities for doing surgicals.

Medical histories were impossible to elicit and so one quickly learned to look for the physical signs of pathology. These people have a remarkably low incidence of hypersensitivity to either penicillin or lignocaine and so risk of anaphylaxis is correspondingly small.

Having returned from Kwazulu I visited Baragwanath Hospital. This is the largest hospital on the African sub-continent and apparently one of the finest of its type in the world. It must be a classical example of a service provided exclusively by the white man for the benefit of the black man. How many cases we saw I can't remember, but the variety virtually covered half our oral surgery syllabus.

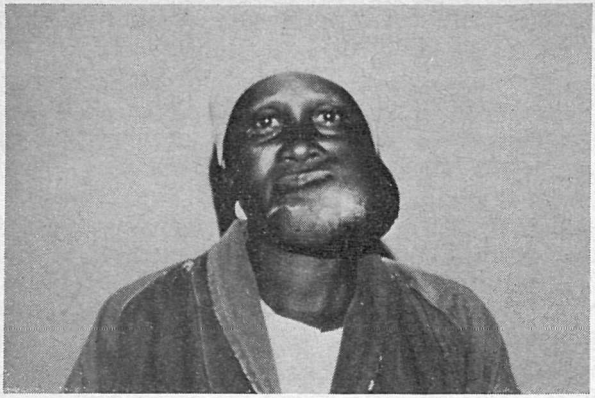
Baragwanath Hospital is situated literally across the road from Soweto and so Monday mornings are always busy and in the department of maxillo-facial and oral surgery; seven cases out of ten result from assault. It seems if people escape the Tsotsies on Friday (payday) then the twala (African beer brewed from maize) they buy over the weekend makes them violent enough to set about each other. Either way the outcome is often distressing.

One patient had been kicked so hard, he had a Lefort II fracture of his face. The left zygoma was depressed and fractured in several places and the eye on the same side was completely disorganised and removed before extra-oral fixation was applied.

One 45 year old man was complaining of slowly enlarging painful swelling in his right parotid region for the past six months. At first sight it appeared to be a parotid lesion, but on examination of the duct orifice there was no inflammation and clean saliva could easily be exuded by applying pressure to the swelling. Intra oral examination revealed no pathology. However the patient had complained of a fat lip on the right and also of a nasty taste, but there was no evidence of sinus formation or retained roots. One final look before sending the patient to X-ray revealed pus, on pressing the swelling very firmly, deep in the posterior lingual sulcus.

A swab was taken and radiology revealed an ill defined radiolucency, a provisional diagnosis of osteomyelitis was made and this was confirmed at operation, where decortication and sequestrectomy procedure was performed, and a drain inserted.

The next patient I examined came complaining of a slowly enlarging swelling of the lower left mandible—for the past five or six years. It was now painful. When asked why on earth she hadn't come sooner, she said "Oh Doctor, he said if you leave it it will go away". I didn't have to ask who he was and it did go away, the following Friday, surgically; the swelling was bony hard and she complained of lower left lip anaethesia, there was no cervical lymphadenopathy. Intraorally, the occlusion was disorganised, the lower left 4-7 were displaced lingually and there was marked lingual expansion on the same side. The eight was absent. The intra-oral lesion was now big enough to occlude with the upper teeth, as an ulcer marked the spot. Radiographs revealed a multilocular radiolucency, the lower left eight being present, deep in the lesion. A diagnosis of ameloblastoma was confirmed by biopsy. The lady required a hemi-resection of her mandible. It is interesting to note that ameloblastoma is ten times more common in blacks than in whites.



An advanced case of ameloblastoma

The next patient was about 22 years old, she was apparently known to be a prostitute. There were no extra oral signs of pathology, intra orally everything appeared normal except that her soft palate and anterior fauces had been eroded by a large ulcer on the left hand side. They reckoned this was a gumma or at least some presentation of syphilis. I thought she was young to have tertiary syphilis and apparently the W.R. was negative on two occasions. She had been receiving large doses of penicillin with little improvement. The patient was sent for biopsy but I never heard the results.

The following patient was an elderly gentleman of about 60. He was complaining of pain in the jaw for the past year or so and there were no extra-oral signs and the patient did not complain of lip anaesthesia. Intra orally, again nothing, and the remaining teeth appeared firm and in normal occlusion. Radiology of the jaws revealed multiple radiolucencies bounded by faint radiopaque margins. Although the lamina dura of the teeth appeared intact, this did not deter the registrar from including hyperparathyroidism in the differential diagnosis—he also included primordial cyst—but the lesions were bilateral. Skeletal survey of the hand revealed similar radiolucencies and confirmed the diagnosis of hyperparathyroidism along with a full blood picture.

I examined another patient, who was thirty, and appeared normal until she opened her mouth to reveal a swelling of her posterior hard palate, just off the midline. The swelling at its base was about 2 cms in diameter, hard and could be moved slightly over the underlying bone. There was some tissue necrosis and fungation at its apex. She had been biopsied the previous week and the lab report confirmed a diagnosis of pleomorphic adenoma. Incidentally the pathology laboratory at Baragwanath Hospital deals with nearly 10,000 specimens a year.

Coronation Hospital is situated about five miles away from Baragwanath. The registrars used to go through Soweto to get there but they don't any more, not since the riots. A doctor told me that one of his colleagues was travelling in Soweto when his car broke down. He was then killed and now all the registrars carry guns. The work at Coronation was very similar to Baragwanath both of them being near Soweto.

The other hospital on the non-European circuit, as they call it, is the General Hospital in Johannesburg. I went there one Friday night with Dr.

Cleaton-Jones at 5.30. By 9.00 p.m. I had sewn up several stab wounds myself, but there were about half a dozen other people there working much faster; I had never seen anything like it, blood everywhere, on the floor, walls and ceiling. The Tsotsies are masters at their craft and the sharpened bicycle spoke is a favourite weapon. An innocent looking puncture in the lumber region is often responsible for the paraplegia and circulatory collapse, it having pierced the spinal cord and aorta with one stab. One quickly learns how to deal with violent patients, to find a vein and set up a drip when the patient is in shock, to deal with unconscious patients, howling babies, pulsing arteries and much more besides. I needed two pots of tea after that lot and considered it a most worthwhile experience.

Sitting here in South East London, listening to the Proms, I can hardly believe that in just six short weeks I can have been so far and seen so much —by air alone I must have travelled nearly 14,000 miles. In addition to the trips already mentioned I travelled to Cape Town, where I visited the Afrikaanse Dental School at Stellenbosch. The Cape is so verdant and lush in comparison to the parched Highveld about Johannesburg. My last trip was to the Kruger National Park, which, although a mere speck on the map of South Africa, is half the size of England.

The climate there must surely rival any in the world. At any time of the year there one has the choice between the bracing Highveld air at 6,000ft. or the more temperate Mediterranean climate of the Cape Province with its endless beaches and surfing.

A native Zulu woman

Not only was it a worthwhile and valuable experience, but it was also very enjoyable, as I hope the narrative displays. Of course, my knowledge and understanding of dentistry and medicine has been increased, but perhaps the true value of such a trip lies in providing opportunity to leave one's

cloistered environment, to broaden one's experience and finally, to meet other people and realise that there may just be a point of view which differs from one's own.

From first to last, from being welcomed at Jan Smuts Airport, to being waved goodbye I was made to feel one of the family by both staff and students. Accommodation, food, drink and entertainment were provided exclusively by them and they really couldn't have done more to make a "Pommie" welcome.

My thanks must go to Mrs. Jaffe, Dr. Hiiemae and Dr. Johns, and of course to Professor Shear without whom this trip would not have been possible.

STUDENT MEDICAL EDUCATION COMMITTEE

Paul O'Hare

Hot air or steam?

S.M.E.C. does not stand for the Southwark Mechanical Engineering Company so its title may seem odd. Student committees, however, are often criticised for doing no more than generate hot air. The 1977-78 Student Medical Education Committee hopes to show such scepticism to be wrong. Three issues have so far occupied the committee in the two meetings held since the November elections.

The new clinical course has now entered its third year. Much controversy has raged among staff and students; issues such as the length of the first and third year medical and surgical firms, the place and importance of specialty teaching and the quality of teaching in some firms. Other issues which are being discussed include the place and length of the Pathology block teaching and the Pathology exam, the amount of training outside Guy's in busier regional hospitals, the place and importance of more "apprenticeship" training and gradation of responsibility in the course. From such discussion suggestions of how the course can be improved have arisen, and it is planned to submit these ideas through a questionnaire to the second clinical year during early January.

The "interdisciplinary approach" is a concept that arose during the past year on S.M.E.C. The idea is to increase the doctor's understanding of the role and training of other co-workers—nurses, physiotherapists, social workers and health visitors. It has been suggested that the most practicable way to achieve this is for students, at some time in their training, to work as a social worker or nurse. The committee hopes to look into the possibility of arranging this on a voluntary basis for students in their pre-clinical years. If finance could be arranged, it is envisaged that during a summer holiday students work as a social work aide for four weeks and then in some nursing aspect for another four weeks. During this period students who volunteered would have to be paid to compensate for loss of holiday earnings. The committee is trying to overcome this major hurdle.

The preliminary year has also been examined following a questionnaire conducted last year, and practical ways of improving this course are being discussed with the departments concerned. S.M.E.C. exists to serve the students as the official channel for their participation in improving the quality of medical education, and thus of the doctors produced at Guy's. We intend this year to produce enough steam to power such improvement, but this cannot be engineered unless each student brings their ideas to his/her representatives and partakes in any questionnaires devised.

IT WASN'T COLD ON CHRISTMAS DAY

It wasn't cold on Christmas day,
When, as a child, I still remember,
We crept down-stairs at break of day,
It wasn't cold, though deep December,
Excitement was the warmth we shared,
Around the tree in silent awe,
Bewitched by gifts, we never cared,
Or wondered, waited, for the thaw,
And Santa Claus, of course, had been
Our night time guest again that year,
And left his trove for us, unseen.
(His slice of cake had disappeared)
And Wenceslas went forth again,
His kindly act was sung in praise,
All life was warm and happy then,
It wasn't cold in younger days.

But now alone, I fear the cold,
Its fingers stab my weary frame
And freeze, with hate for one so old
The ashes of that youthful flame,
And gifts and treasures have I none,
Nor ones to love, no child, no friend,
They all have faded, one by one,
Alone, I must await the end,
Oh, Santa Claus, could you but call
To bring one gift; your famed good cheer
No slice of cake, no food at all,
Perhaps no faith in you, I fear.
Just faith in death, release so kind
It's warm in hell, or so they say,
And Wenceslas, too late, will find
My body, cold, on Christmas day.

Eugene J. Hughes.

MORE GUY'S GRAFFITI

Professor J. Joseph

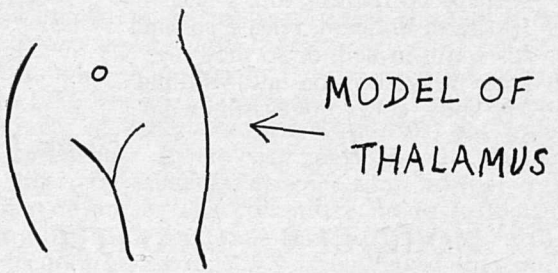
Department of Anatomy

One of the students, who wrote "Just so Joseph (prof.) can get his graffiti", apparently thinks that the anatomy practical examination is organised so that I can continue to hand on to posterity some of the thoughts of Guy's students. The form this examination takes is determined largely by the number of students, the time allowed to the Anatomy Department for examining and the desirability of giving all the students the same examination. There would be no "rest" places in the exam if we had less students or more time. It has also been suggested that I have invented some of the graffiti. Anyone who wishes to see the original cards can view

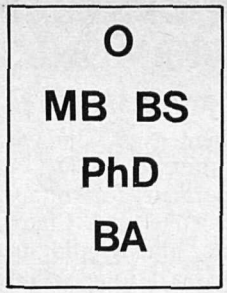
them at a convenient time in my room. I acknowledge that my unconscious *vis-à-vis* sex, bladder and bowel is no better or worse than the next man's but the extent to which it reaches consciousness and is given expression is much less than the collective consciousness of a large number of Guy's students. In other words, I am incapable of inventing the quantity of the graffiti which are at my disposal.

A striking change as compared with the previous graffiti was that the word REST was changed to RESIT with only one out of six being changed to BREAST. REST also became REST IN PEACE and one RESIT became CRESITA, whoever she may be. The students' anxieties about the examination made their usual manifestations. "I didn't want to come in today. Now I'm sorry I did", the somewhat hysterical "What a nightmare yes a nightmare no, not a nightmare but a nightmare", "I've had enough (William Shakespear)", "Roll on resit", "This is easier than I thought", to which was added, "You must be joking", "Isn't this fun", to which was added briefly and bluntly, "No", "Bunny says . . . Don't worry human you will pass the resit" (complete with a drawing of bunny), "Oh! to be a medical student!", "Anyone would think that I wanted to become a doctor or something" and "When can I sign on the dole?"

I think that a few of the comments on anatomy and the examination are unprintable but "Reminds me of pass the parcel and musical chairs" to which was added "Where's the jelly and icecream?" seems a fair comment on the type of examination. "What a bloody stupid subject anyway" strikes a note of defiance, and "Why can't the brain be square and easy to learn? Some brainbox answer this" is the cry of the student who finds difficulty with neuro-anatomy. However one student who obviously knew about the Y-shaped white matter which divides the thalamus into three main nuclei produced :—



One gets the impression that two of the students were expert at making rapid recognisable drawings, but what is surprising is the number made in two minutes complete with writing. There was a bird in the branch of a tree and a balloon from its mouth saying "C'est joli ici n'est pas?" together with a worm on the grass, a flower, a house and a bicycle, all on one card. At the next card the same student drew a flower, an attractive girl complete with breasts (to which another student added an arrow and the caption "pour encouragé (sic) les autres"), and a sheep with a caption on its hindlimb saying "fused tib/fib". On another card he managed three drawings one of which deserves to be reproduced :—



"What is this? Ans. 3 degrees below zero."

Current phraseology which will puzzle the historian included "DYSLEXIA RULES K.O.", "Starsky and Hutch rule O.K." (with the Hutch heavily underlined) and "PUNK ROCK OK!" There was only one political comment, "Save Education. Stop Nationalisation" to which was added "Neo-fascist bum". There was an acknowledgement to television—"Tense nervous headache? Take anadin!" to which was added "Nothing acts faster than anadin. Take nothing" and another addition "and give yourself an ulcer".

I've left the jokes, poetry and riddles to the end. If I leave them out I'm prudish. If I put them in I'm smutty. The Editor told me to put them in therefore the students and the Editor are smutty, not I (Q.E.D.). "What's brown and sits on a piano stool? P.T.O. for answer—Beethoven's Last Movement".

"Mary had a little lamb
She also had a bear
I've often seen her little lamb
But never seen her bear"

to which was added "Hard luck. HEE HEE. Who's Mary anyway?"

STORY OF A
MAN'S LIFE
TRI WEEKLY
TRY WEEKLY
TRY WEAKLY

does have a modicum of subtlety.

I think it was Freud who said that dreams are the royal road to the unconscious. Perhaps graffiti can be used for the same purpose even if it is only a pathway. The intention of this article is to amuse all, to enlighten some and to offend nobody.

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40 YEARS IN GENERAL PRACTICE IN BERMONDSEY

W. B. Mumford

The practice which I joined as a young assistant to Dr. J. A. Gillison in the summer of 1933 was founded by Dr. Alfred Salter in the early part of the century and has operated for many years simultaneously from surgeries in Southwark Park Road and Cherry Garden Street. Salter was one of Guy's brilliant students, and a gold medallist. He was a very convinced Christian and developed a strong social conscience about the conditions then obtaining in the very poor slum areas around Guy's and the south bank of the dockland area. In 1912 when Mr. Lloyd George's Panel Medicine Act came into being one of the then partners retired from general practice and helped compile the first National Pharmaceutical Formulary. For many years this contained several prescriptions which originated in our dispensaries in Bermondsey, for until as late as 1948 our practice largely dispensed for its own non-insured patients. In the 1930s one of our dispensing team was Rebecca Silkin, aunt of the present Attorney-General. Salter retired in 1930 and Dr. J. E. Stratton became senior partner. He was killed in a road accident in Jamaica Road when out visiting on his bicycle, a grievous loss of a fine doctor. I vividly remember it as the same night the Crystal Palace was totally destroyed by fire.

As my time in Bermondsey straddles 1939-45, I suppose the greatest contrast in working conditions lies between pre- and post-war years, with a period of complete abnormality during the actual war. Bermondsey and Rotherhithe which in those days was a single metropolitan borough was badly hit during the blitz of 1940—and thus the geographical situation was very different before the war from what it is now. Even after 1933 Bermondsey was a place of trams running from London Bridge, down Jamaica Road with cobble stones on either side for long distances which made a fearful noise when the many brewers' drays and other horse-drawn traffic rumbled up and down. Horses were not allowed in Rotherhithe Tunnel. For the most part the area consisted of long rows of small houses, usually with two or three families in each with no bathrooms and only outside toilets. This overcrowding sometimes led to confusion when visiting and often a request for a visit came in accompanied by a "Please knock once", twice or three times according to the floor on which the family lived. A number of gas-lit courts also existed especially in the area round Guy's, with names such as Pepins Place, Seven Step Alley and Clark's Orchard, all long since cleared away together with many rather dingy tenements.

Surgery hours were much longer and later in those days and we never closed the surgery door in the evening until 9 o'clock as people in general worked much longer and later hours than now. One or other of the surgeries was open every single day throughout the year including bank holidays. Numerically, visiting was very much heavier then and often there was a bunch of visits to do after evening surgery which frequently meant not getting home till 11 o'clock or later. This was before the days of antibiotics with the result that often one had to visit, say, a case of lobar pneumonia, perhaps every day at least once, for a week or more, often late at night. I can remember several epidemics when the pressure was really on and visits would come flooding in during the day which had somehow to be squeezed

in. Once we had a total of *100 new calls* on one day between four of us, added to everything else. Fortunately, in this sort of situation most of the cases were very similar, but there was always the constant fear that in high pressure times like these, one would miss something which was out of the ordinary and very much more serious.

Before 1948 and the coming of the National Health Service, most of our non-insured patients paid cash at the time of the consultation. Pre-war this was 1s. 6d. for a consultation in the surgery plus two days' supply of one item of medicine, 2s. 6d. for a day visit and 5s. 0d. during the night. One lady sometimes asked for an extra bottle of medicine as she always liked to keep some in *Reverse* as she put it! One can smile now at what we used to charge for domiciliary midwifery; from early booking until discharge after the puerperium the fee was £2 2s. 0d. for a multip. and £3 3s. 0d. for a primip. We had the most invaluable assistance of an excellent Queen's Nurses' Hostel in Cherry Garden Street with two very experienced sister tutors. One is rather horrified now to think of the high forceps and extended breaches in primips which we used to deliver on the district with the help of one midwife and sometimes a partner. The anaesthetic was usually open chloroform from a Junkers inhaler.

Telephones were much less frequent in the pre-war years and thus we had many more requests coming to the house or the surgery. Patients were, I think, much less medically informed than they are now. There was a patient who came up one day for a bottle of calamine lotion. She came back two or three days later with a rather thick sticky substance at the bottom of the bottle asking what she did with this as she had used the lotion. On another occasion I suggested to a young mother that she gave her child some albumen water because it had some intestinal condition, thinking that she would know how to make it. However, on the next visit she showed me a rather queer looking mess in the bottom of a glass asking how to deal with it because she thought the egg had to be boiled before mixing the albumen in with the water.

It is interesting to observe how in many ways the disease pattern has changed over the course of time. Nowadays one never seems to see a straightforward lobar pneumonia, rheumatic fever, or open tuberculosis, all of which were not unfamiliar in earlier days. Clearly, advances in drug therapy and preventative medicine have largely eliminated these especially, I suppose, the advent of the antibiotics particularly penicillin. While speaking of drug advances in my view the coming of pethidine has very largely simplified some of the problems of home confinements together of course with much better ante-natal care generally.

I have always found Bermondsey and Rotherhithe a delightful place in which to practise. People are often direct and blunt in what they say but I tried to establish a stable doctor-patient relationship which seems to me to be the keystone of any satisfying and satisfactory medicine. To be hailed cheerily by an elderly man trundling a dust cart around Neckinger or waved at by a tram conductor was very encouraging.

Then in 1939 came the war. This meant a major upheaval in practices all over the country especially in big cities. Dr. D. M. Connan was then our Medical Officer of Health and Dr. C. H. C. Toussaint the senior chest physician. Between them they organised the local practices into teams for first aid coverage and for coping with the expected holocaust of casualties from air raids. A great deal of the practice vanished overnight, many hun-

dreds of older people, many expectant mothers and almost the entire child population of the borough were moved into safer areas. *Evacuation* and *billeting* were familiar words in those days. People were encouraged to come and register for moving out of London and there was the lady who was six months' pregnant who came to the Solarium and said "Please I've come to be evacuated"! On Saturday, 7th September, 1940, the actual "blitz" on London started and for the next three months general practice more or less ceased to exist. Dr. Lauderdale (who practised near the Red Lion in Deptford) and I were jointly in charge of a 24-hour first aid unit originally stationed in the docks in Redriff Road. We were completely destroyed and burnt-out on the first evening of the blitz, but eventually after some rather hair-raising adventures succeeded in establishing ourselves elsewhere. For the rest, there was practically no normal visiting, very few people in the surgeries, and each night the surgery started earlier and earlier, and when the siren sounded, which it did with monotonous regularity, we all repaired to our first aid stations. Most of our work then consisted of attending the various enormous shelters that had been organised particularly in the Undergrounds and under the arches in Tooley Street, where Barbara Morton and I frequently used to meet. Surprisingly, we had relatively very little to do with the actual handling of bomb casualties on the spot. This was, I think, because whole areas of the borough were literally without a living soul and damage was mercifully confined mostly to knocking down old buildings with very few casualties.

After five years in the Navy I rejoined the practice in 1946, and found a very different set of circumstances. First of all we had the phase of prefab buildings and houses. Then later came the high-rise blocks, and with them the population began gradually to return. The population of Rotherhithe and Bermondsey together was something like 120,000 before the war and it dropped to around 20,000 during the actual war years, creeping up again to the region of 60,000 in the 1950s.

High-rise flats were hailed at the time as the answer to the housing problem, but many of us now know only too well what social and psychological problems are created amongst those who have the misfortune to live in them.

Patterns changed in the practice too. In 1946 Penicillin, the new wonder drug, had only recently become available to civilian practices and then only at hospitals. It was only in injection form at first, and very expensive. It was a great advance when oral penicillin appeared on the market.

Meanwhile, St. Olave's Hospital had undergone a remarkable transformation. In pre-war days it was known rather gloomily as the *Rotherhithe Infirmary* and not infrequently one got the request from a patient not to be sent in because "My father died in there a year or two ago". However, the new look began to appear just before the war and subsequently the excellent hospital as we now know it emerged. This made life a great deal easier for G.P.s as relationships with the staff and ease of access greatly improved. It has always been a great pleasure to me to be able to go in and out freely, and invariably to be made most welcome.

With the coming of the National Health Act in 1948 we saw, I suppose, the most fundamental change in general practice conditions yet to appear since 1912. I am not so concerned here with the politics and discussions that went on in high places, but personally I welcomed the Act especially

in an area such as ours. It meant that all patients became insured and that one did not have to worry about the payment of fees, a situation which often arose in pre-war days when money was much tighter, even than today. In those days 2s.6d. a visit every day for perhaps ten days made quite a big hole in a family budget and one was conscious of this on many occasions. One of the changes which seems to me to be not entirely for the general good is that general medical and quasi-medical information is made so freely available to the laity nowadays that it doesn't, in my view, make the doctor-patient relationship any easier. It has a tendency I think to make people demand more of their doctors, a situation which may lead to some unpleasantness and tension.

I have endeavoured to give, withal somewhat sketchily, some account of what it has meant to me to be in general practice in Bermondsey for many years. May I now conclude with a quote from Sir James Spence written in 1960. Many may not agree but to me it epitomises the work of a family doctor, which I have striven, with many failings, to uphold, and which I have enjoyed so much.

> "The real work of a doctor is only faintly realised by many lay people. It is not an affair of health centres, or public clinics, or operating theatres, or laboratories, or hospital beds. These techniques have their place in medicine, but they are not medicine.
>
> The essential unit of medical practice is the occasion when, in the intimacy of the consulting room or sickroom, a person who is ill, or who believes himself to be ill, seeks the advice of a doctor whom he trusts. This is consultation, and all else in the practice of medicine derives from it."

LIES, DAMNED LIES AND STATISTICS

A lighthearted view by Adrian Pini

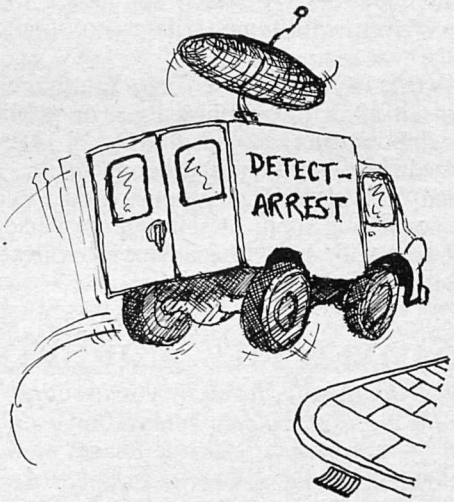
"Figures often beguile me, particularly when I have the arranging of them to myself."—Mark Twain

There is an unfortunate tendency these days for people to use statistics (though more usually statisticians) rather like a drunk might use a lampost, not so much for illumination but more for support. However, in its earliest usage statistics was a branch of politics which dealt with the collection, classification and discussion of facts bearing on the condition of the state. The original statisticians or statists were those sorts of people who we now call politicians. Maybe it is not all that spectacular that the line "There are three kinds of lies: lies, damned lies and statistics", should have been attributed to Benjamin Disraeli. He would, I think, have shown more candour had he kept to the traditional usage and had said that there were three kinds of liars, namely, liars, damned liars and politicians. To be fair, "Disraeli's phrase" has also been credited to Messrs. Henry la Bouchère, Abraham Hewitt and Commander Holloway R. Frost.

There were three men who tried to investigate the relationship between the consumption of liquor and the onset of inebriation. According to their plan they spent the first night getting drunk on Scotch and water, the next night were even further debilitated on Irish whisky with water, and on the final night were hammered by Rye and water. Having collected the raw data and decided that water was the only common feature on each night they felt statistically bound to conclude that it was the water which had intoxicated them.

We spend our lives measuring the degree to which variables change with respect to one another in order that we can discover features which remain constant through change. The constancy of variation between variables (their degree of co-relation) is summed up in little things called correlation coefficients which are sustenance indeed for our preoccupation with invariance. Unwarranted correlations lead to as marvellous absurdities as warranted ones lead to knowledge.

There is a direct and statistically significant (more of that later) correlation between the number of T.V. and radio licences sold and the death rate from coronary heart disease over the same period (Yukin, Lancet, 1957). I may therefore conclude that people with coronary heart disease like the Beeb and I.T.V. more than everybody else, or even worse, that the mass media are systematically reducing longevity.



Similarly the birth rate in California plots very well with the size of storks' nest colonies in Holland. But perhaps even more alarming is the fact that Baptist ministers' salaries in Kentucky correlate directly with the price of gin in Texas. I'm at a loss to explain this one so I'll be nice and put it down to inflation. It's also no secret that, as the days get shorter and the nights get longer, people in Britain wear more clothes, strange behaviour this, even if you are scared of the dark.

"Statistically significant" is a key phrase for pundits. Significance and even the lack of it can sometimes be determined by Student's t test. Student was in reality not Student at all but one William Gossett a research chemist who worked for Arthur Guinness. Our man stumbled across a method of comparing a random sample of three or more measurements with those of a large parent group whose mean is known but whose standard deviation is unknown. However, the redoubtable Arthur Guinness would only let Gosset publish under a pseudonym, so the erstwhile Gosset became a Student at the age of 32, publishing in *Biometrika Journal* in 1908 and died in 1937.

"Teachers O Lord to follow Thy Spirit"

The other term of major significance is Normal (a pundit is no pundit if he knows not Normal). Abraham de Moivre was somewhat less secure and as a French refugee mathematician living in London used to supplement his meagre income by offering tactical assistance to wealthy gamblers. The fruits of his labours paid off in 1733 when he discovered the Normal distribution, better known to most of us as simply the way things are—bell shaped.

You must have noticed how at the end of the year masses of ordinary people turn into statisticians, tabulating and assessing the significance of the year's order of events. Well, I thought that I'd be no different and do some stats myself.

THE SHEPHERD'S TALE

I found myself one misty morning
Climbing from that heavy land,
Bizarre, in time and mind deforming,
Confusing trance and chance, unplanned.
What dream was this, if dream the state
My sense contrived and brought to light?
I slept not more I dreamed awake
A fantasy of sight, is night.
There was, it seemed, an angel's voice
A fire, a choir, a revelation,

I fell to earth in fear and wonder,
A fear evolved from strange sensation,
That filled my simple mind with dread
Till joy was born into my soul!
I travelled, drifting, to a place—
An inn's rude stable, poor and cold,
I saw a couple sheltered there,
A young girl resting after birth
Her offspring lay on manger hay,
Was this the saviour of the earth
The angel guided me to see?
Was this small boy the King she named
This crying child of such low birth
He, and the King of Jews, the same?
And yet I trembled at the sight
My heart, awakening, and aware
I knelt before my newborn king
To give my humble, faithful prayer.

Eugene J. Hughes.

DENTAL ELECTIVE IN NEW ORLEANS, U.S.A.

As recipients of the Alfred Rycroft Memorial Scholarship in Dental Surgery, Helen Ash and Lesley Peacock, final year students, visited Louisiana State University at New Orleans this summer.

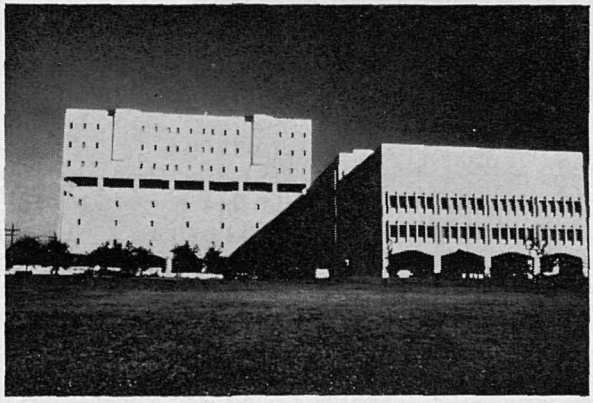
We arrived in New Orleans on August 8th, having driven up from Miami. The weather became progressively more humid until we couldn't drive without the air conditioning. The most striking thing about the trip was emptiness—Central Florida seemed to amount to "Gator Parks", gas stations, mobile homes and swamps. The landscape changed little as we passed through Georgia, Alabama, Mississippi and into Louisiana. Louisiana, the "Bayou State" has several large cities, amongst them Baton Rouge, the capital, New Orleans, and Lafeyette, the names all reflecting the French influence of which their inhabitants are so proud. Louisiana State University is mostly in Baton Rouge, however the Medical and Dental Schools are in New Orleans itself along with Tulane and Loyola the famous private universities.

We were invited to L.S.U. Dental School for the start of the fourth and final year. They spend the first few days at "orientations", as each year has different academic and clinical teachers. This proved fortunate as it took us a while to get ourselves orientated and to arrange for patients to examine.

Our initial meeting with the Dean and Sub Dean left us feeling very nervous because despite their friendliness, they had insured us to treat patients at the Dental School and were prepared to let us attempt almost anything we chose. We decided to construct an anterior and posterior bridge each, carry out amalgam work under rubber dam, molar endodontics, periodontal surgery and some minor oral surgery at the Charity Hospital. It was also agreed that we would get more out of the trip if we did things their way, rather than in the ways we knew already. We also attended their practice management course—a real eye-opener!

To be enrolled as a Dental Student at L.S.U. you must have completed a first degree in a recognised subject, consequently the L.S.U. students are older than us when they start Dentistry. Many of the students we met had fathers who were dentists and many of the others were supported by one of the Armed Forces, or their wives. We didn't meet many students who had loans to complete the course. One of the most striking things about the students was that they were so proud to be dental students and were expecting to join a fine profession which would make them extremely well off; none of them would have preferred to do medicine and anyway it was easier to get a place to do medicine. We were rather a novelty for in a year the same size as at Guy's they had only six female students. We were assured that this was not due to discrimination, rather that girls simply did not apply. We noticed that the attitude towards women differs in the Southern States of U.S.A., the girls expected to get married young (as did the men) and not to have a profession; no women's lib for them! Nearly all the men in the fourth year were married, many with children, while some were already divorced. One of the wives whom we met reckoned that reading dentistry was harder on wives than on the students and a wives' club had been formed to cope with their problems!

Another striking thing about some of the students was their complete disinterest in outside affairs. Being a State University L.S.U. must take a certain quota of students from each part of the State and also from Alabama, Arkansas and Missouri (it was easier to get in if one came from certain areas). Many students had not been north of Kansas City so that our having come



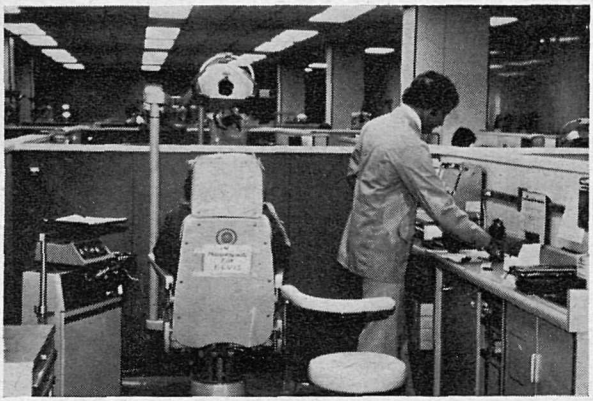
L.S.U. Dental School

from Miami made us widely travelled. Their newspapers and T.V. showed little if anything of world affairs and one student we spoke to said that in the U.S.A. they got along fine so why should they be concerned with world affairs?

Returning to the dental course, Freshers learn anatomy and biochemistry and complete a phantom head course which amounts to exactly the same preparations as we do at Guy's. They do not have technicians to help them with laboratory work but all tend to ask senior students for help rather than the staff. They learn the fundamentals of occlusion and see patients for scaling and polishing.

The Sophomore year includes physiology, microbiology and pathology with a preclinical course in fixed prosthodontics. They continue to practice all that they learnt in the Freshman year, and also complete a course in applied nutrition. They continue with pharmacology, oral pathology, preclinical orthodontics, and temporo-mandibular joint dysfunction in the junior year. The senior year is clinically orientated and the students are introduced to the principles of "practice". They treat three comprehensive care patients, completing all the work required during this year.

In the fourth year each student runs a "mini clinic" and is given a list of treatment plans for approximately 20 patients. The final year student then chooses his comprehensive care patients from this list. He is allocated a student from each year under him and two hygienists and is responsible for ensuring that his students have enough work to fulfil *his* quota.



Harry Goza Jr. at work in the main clinic

They are marked for the work they do—the better the work, the more marks. However, rather alarmingly, they could lose points also for such things as poor personal hygiene, lack of punctuality, apathy, bad personal conduct, poor communication with patients or staff and poor record keeping. They get 30 points per compulsory session attended. As each student has his own cubicle his absence is quickly noticed and he loses 30 points immediately. The students we knew had spent hours on the phone each evening trying to contact patients for the next day.

Another difference was their favourable staff to student ratio, one member of staff to eight students, and the staff never left the bay during the session. We all had four lights which flashed our cubicle number up on a screen and according to the colour of the light we called either a member of staff or a dental nurse over to help. There was also a light in case of emergencies but fortunately we never had to use it.

As far as actual clinical standards and techniques are concerned the students differed little from Guy's, but take much longer per patient and have a lower points quota to achieve. Patients are more dentally aware and are more carefully selected as teaching material than at Guy's and so the teeth are often in better condition than we see at Guy's. The emphasis is very much on aesthetics too. They do a lot of bridge work, and we only saw V.M.K.

porcelain bonded bridge used in the anterior regions of the mouth. The mention of spring cantilever bridges produced hysterics, but they do use all gold sanitary pontics in the posterior regions however. Each unit has centrally piped nitrous oxide and oxygen, for relative analgesia which is used at will.

The minor oral surgery we did at the Charity Hospital was extremely interesting. New Orleans is 60 per cent Black populated and many of them are treated for free at the Charity Hospital, which has 2,000 beds. They see many knifing and gun shot wounds each weekend and told us that the only people who were cops were those who didn't make it as crooks. The patients are treated in less than ideal conditions, the wards were filthy and understaffed and there was no registered nurse on the wards at night.

In the out-patient departments we saw masses of dental patients every day and nearly all had appalling oral hygiene and with very broken-down teeth requiring extraction. The work load is such that the patients are only treated for pain. It also means that students are not taught proper extraction techniques and although they learn how to extract impacted wisdom teeth at the dental school, they didn't know how to cope with the patients at the Charity Hospital. This was the one field that we felt far better trained in, as we did in diagnosing oral pathology. The students there read lots of books, but see little pathology at the dental school and although there is much to see in the Charity Hospital they get little opportunity to see it.

One of the most obvious differences between Guy's and L.S.U. was the initial assessment of patients. Every patient has blood tests, for syphilis and viral hepatitis and a urine test. Each patient completes an enormous questionnaire of 200 questions—many as irrelevant as "Do you suffer from Charlies Horses?" (muscle cramps) and " Do you cry a lot?" The first year students spend some time analysing the samples in the laboratory. Every patient also has his blood pressure taken at each visit. We had to collect money from our patients for the work that we did. A V.M.K. crown (bridge abutment or pontic) cost $90/item and a full gold crown $60. An amalgam costs from $2-10. The students get a cut of $5 for the laboratory work they do.

The laboratory work is done after 5 p.m. (the day started at 8 a.m.) and the labs stayed open until 11 p.m. The previous year the students we met had stayed until 11 p.m. three nights per week on average.

We came away feeling that our course at Guy's was far easier than at L.S.U. and unlike many of their students we actually enjoy the student life, despite this they ended up no better experienced dentally. Having only been at Dental School for five years they have no traditions to hamper change. So often the students have no idea what was going on as things were continually altered, this will settle down in time. The other complaint was that the students have very little say in the way things are run. It was a tremendous experience however and despite having to work hard, we came away feeling that we had learnt a lot and we would thoroughly recommend others to go to L.S.U. if they have the opportunity (if not for the Dentistry, the Jazz in New Orleans is fabulous). We would like to thank the Selection Committee for allowing us this opportunity and especially to Dr. R. B. Johns who has been to L.S.U. and helped us to arrange the trip.

NURSING

Higher Education for Nurses

Since the publication of the Briggs Report in 1972, the urge for further education amongst nurses has increased greatly. Prior to this, it was generally felt that a high level of academic achievement was not a necessary requirement but merely the ability to nurse patients competently. It had also been an accepted fact that those who were academically inclined pursued a career in teaching, and those who were neither very intelligent nor capable of ward management became administrators.

Diploma in Nursing

During recent years, however, there has been a considerable change. Many basic training courses include studying for a degree or diploma at university. Furthermore, nursing management now requires recruits of a much higher calibre than was previously the case. Educational requirements for entry to training have also increased, and the present economic recession permits careful selection of all recruits.

For those trained nurses who wish to improve their knowledge, the Diploma in Nursing has proved a great attraction. Until 1970 very few people were interested in this, but since that time the numbers taking the examination has risen from less than a thousand to sixteen hundred in 1976 for part A alone. A further four hundred entered for part B in that year.

However, despite this apparent enthusiasm to improve the mind, the failure rates for the two parts were 63% and 32% respectively in 1976. These figures are of course exceptionally high, and lead one to consider the reasons for their occurrence. Firstly, of course, the minimum educational requirements specified by the university authorities are so low as to permit acceptance by them for registration of candidates who are almost educationally subnormal.

It is also true to say that many nurses who study for the Diploma have little or no understanding of the amount of work involved. Furthermore, many have never previously undertaken any type of academic course and consider that the requirements are the same as for the State Final Examination. They find the concept of deepening and widening their knowledge to be incomprehensible.

Poor tuition

When the demand for teaching in the Diploma Subjects increased, many of the Colleges of Further Education decided to arrange appropriate courses. The principle by which these are operated is that there must be a sufficiently large number of candidates for the course to be financially viable. There is, therefore, no selection of students. In addition the tutors to these courses usually have no nursing or medical background, and are accustomed only to teaching school children. The standard of tuition is therefore abysmally low. These tutors are frequently less knowledgeable than their students, whom they in any case consider to be of low intelligence. They also have no concept of professional attitudes.

It would appear then that these last facts could be largely responsible for the high failure rate in the Diploma of Nursing. The polytechnic tutors have suggested that a solution could be found by introducing a lower grade qualification in order to save students losing face! —or could it be themselves?—after publication of the results. In these days no one is permitted to fail it seems, and this attitude is instigated by educationists. Surely the answer is for nurses to receive adequate guidance and to be prevented from attempting this examination if they are not academically able. Maybe the patients would then receive better care since less staff would be away on study leave.

Pam Jefferies.

PHYSIOTHERAPY

A Christmas message

Let me first declare myself. . . . In the season of St. Nicholas, as some foreigners would have it, I want to light a torch for St. Guy, amongst whose devotees even some indigenous correspondents would have us.

Like many other denizens of S.E.1, professional calls summon me to the abodes of other more canonical saints, less probable municipal worthies and frankly unlikely city generals. Yet, hand on heart, I could truly say that I would be loath to trust that precious (to me) organ, let alone other viscera, to the scalpels and forceps of these extra-Bermondsey and Southwark operators. Further—in the belief that that which you know the best you fear the worst—would I only with trepidation entrust to them my neck, my back or my flat feet.

But, I have to concede that this is an unseasonal attitude to take towards my own small subsection and towards the greater organism of the Caring Profession, and will try to summon up a spirit, more appropriate to the time of year.

For some Guy's physiotherapists this Christmas will be the first in that role, a last for others, another for several—and what will it mean for them?

To be cynical, a holiday, a farewell or a deal of expense. But it will also mean a transformation, both physical—in that, painters permitting, Shepherd's House will become a fairy grotto or the scene of an Arabian night—and spiritual, as we will, purely as a temporary hypothesis, accept that others might be motivated towards concepts of patient-welfare similar to our own.

Goodwill to all men—man embracing woman as the saying goes, and where better should it go? Thoughts of years to come, and reminiscences of years past. Some will look back on past Christmas and on Jean Jenkins welcoming her guests and despatching her gate-crashers with an equal and irresistible aplomb. Others will look forward (not to be confused with a forward look which is a vision in the most uncrystalline balls of all time) towards a future, not "planned"—a word which has a sterile significance in the NHS—but part of a design, as opposed to an adventitious happening.

Once, it strikes me, a "happening" had connotations of naked women being wheeled across an Edinburgh stage, but today's reality is a less well-favoured thing and the Greenwood has disclosed no such plans.

Could it happen that this good will, habitually compressed into the old year's end and the new year's beginning, might be spread over the other fifty weeks? Could it be that the co-operation so freely manifested in a wine-flushed dance could similarly extend? Could collusion, in short, beget collaboration?

We physiotherapists value the contacts we make in these less inhibited situations—provided that you respect that with a given force there is an inverse relationship between intensity and resistance—but we would like to be assured that your New Year and ours will bring a co-operative happiness to all our patients. And to you, too!

Ronald Cooper.

BOOK REVIEWS

"A Child is Born", by Lennart Nilsson. Pp. 160. Price £2.95. Published by Faber & Faber.

The core of this book, by which it stands, is the remarkable set of photographs by Lennart Nilsson depicting the growing foetus. The transmutation of shifting colours, blues to greens, golden-yellows to red, is creative and breath-taking. It is difficult to link these dignified homuncular figures with the retained products we have all at sometime evacuated. The photographs will refresh the interest of the most faded medical or nursing student of embryology. Making a plea for reading not solely set for passing exams I hope you will ask for it to be placed in your respective libraries.

However the book is set more directly for your patients as prospective parents, and as such it must have a secure place on the shelves of doctors involved in antenatal care. The text, added for this second edition is aimed to provide a factual account of the developing child from ovulation to delivery, with practical antenatal advice. Because it hopes to serve both British and American parents, some of its wording is confusing; for instance Pap test is used for cervical smear. Its overall effect is adequate if a little pedestrian, a view shared by those of my patients, who have helped me with this review.

Books set at the right level for imparting useful medical information to patients without clogging technical jargon are unfortunately rare: I can think of Professor Illingworth's series on the normal child and some of D. W. Winnicott's writings of the psychological development of children.

So I warmly recommend a place for this book amongst those to be shared with your patients.

TONY MEMBREY.

"Causing Death and Saving Lives", by Jonathan Glover. Pp. 328. Price £1.25. Published by Penguins.

Murder is wrong, military killing is heroic, abortion may be necessary, it may be infanticide, euthanasia may be humane, suicide a justifiable escape, executions occasionally desirable, and surely letting die is not as morally reprehensible as deliberately killing? Often our attitudes to the taking and saving of lives are suffused with emotion and display as much disagreement as muddle. In this important book, Jonathan Glover argues that our attitudes to suicide and euthanasia or capital punishment and war cannot rationally be kept separate. Frequently, someone who disapproves of abortion may support capital punishment using quite incompatible arguments, while some general principles used in support of abortion provide an equally good justification for infanticide. At this point we may wish to invoke the principle of the sanctity of life but it may not be thought compelling, argues Glover, to hold that human life is valuable simply because it is human life.

One of the author's professed aims is to encourage people to work out views which are opposed to his own so that the discussion of these contentious issues gets beyond mere exchange of intuitive prejudices. The central question is "can we formulate any general principles to tell us which acts of killing, if any, are right and which are wrong?" Doctors often say that in difficult cases they act on the principle "Thou shalt not kill, but needs't not strive officiously to keep alive". But why is there thought to be a moral difference between killing someone and intentionally failing to save his life? If there is any kind of moral duty to save lives how high a priority should this be given?

A book's merit need not lie in answering questions of this complexity but may consist in simply raising them and separating the issues and their consequences in a sensible, rational manner. To that extent this book is vital reading for all those practitioners whose concern for life is matched by an awareness of its dilemmas.

JOHN PINI.

"Essentials of Medicine and Surgery for Dental Students", by A. C. Kennedy and L. H. Blumgart. Pp. 271. Price £5.00. Published by Churchill Livingstone 1977.

The first two editions of this book were published under the title "Essentials of Medicine for Dental Students" by Prof. Kennedy, for this edition surgery is included at the hand of Prof. Blumgart. The first two editions, deservedly the most popular of the genre have, by this excellent development, been superseded by a volume which will be successful and popular.

Using that vital piece of equipment the retrospectoscope it is hard to imagine why dental students have been taught and examined in medicine and surgery (it is hardly defensible to divide them for undergraduate medical students). Even in London University where the Board of Studies in Dentistry moves (?) imperceptibly there seems to be a possibility in the not too distant future that medicine and surgery will be examined jointly as one subject.

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I have one general grumble but I think an important one namely that oral disease, which (perhaps wrongly but I think rightly), is emphasised but with errors and outdated material. As an example I may cite a discussion on the etiology of carcinoma of the tongue which implicates syphilis, trauma and sepsis from poor teeth and smoking all of which are to say the least debatable. Further thrush is said to be treated by systemic nystatin (p. 121).

I was surprised not to be able to find any mention of atopy, cleft lip and palate, head injury, intestinal obstruction, pregnancy, severe injury (assessment and general principles), sickle cell disease; likewise there is no consideration of E.N.T. topics such as antral carcinoma and nasal obstruction, all of which might rate a few words.

In spite of these criticisms the whole book is right in concept, pitched right, at the right price (very cheap). It is highly recommended to all dental students—no dental school library will be able to purchase less than a dozen but at this price each student should buy one.

R. HASKELL.

"Introduction to Dental Anatomy", 8th edition, by J. H. Scott, N. B. B. Symons. Pp. 464. Price £8.00. Published by Churchill Livingstone.

The Silver Jubilee of "Scott and Symons" brings its eighth edition to the market in a choice of limp and cased forms which translate into soft and hard covers. For the benefit of those students who have not yet been initiated into the rites of clinical dentistry, "Introduction to Dental Anatomy" is the only text which covers the whole of the syllabus for the Special Dental Anatomy examination at 2nd B.D.S. It includes tooth morphology (41 pages); the development, growth, structure and functions of the face, teeth, jaws and paradontal tissues (280 pages); and comparative dental anatomy (106 pages).

This is not an immediately attractive and glossy book which sells because of its visual impact. Its cover is rather drab; the paper is of average quality; the layout and design are 25 years out of date and a little dull; the illustrations and photomicrographs seem at first glance to be merely adequate; and to a new and uncritical reader the text can hardly be said to sparkle. And yet it has reached the eighth edition, not to mention two reprints.

I suppose the cover is unimportant and a matter of taste, and the paper is perfectly adequate. Presumably the format is sadly dated because it is cheaper to leave as it was when the first edition was printed. The changes between the first and last edition are huge but between successive editions they are insufficient to warrant completely resetting the whole book. This is a pity because the present format disguises the very high quality of the figures. Many of these have been borrowed from journals, the originals being amongst the best that have yet been published.

With regard to the text, it may be difficult for the student to recognise how good it is. Although not pitched at the high level of parts of some other texts it contains an unequalled breadth probably because it is written by a dental anatomist who is familiar with most of the field. Those competing texts which combine sections written by several different authors are uneven and have very large gaps. Scott and Symons is still the best undergraduate text in Dental Anatomy and at £8 is my nomination for Best Buy of the Year—for dental students.

J. W. OSBORN.

"Memoirs of a Surgeon", by Hedley Atkins. Pp. 265. Price £3.95. Published by Springwood Books.

Our reviewer writes:

Sir Hedley retired as Professor of Surgery from Guy's Hospital in 1971. This autobiography, *Memoirs of a Surgeon*, is especially relevant to those who knew him but also of interest to anyone fascinated by medicine, and the very full life of one of its active participants.

From early school days to retirement, Sir Hedley tells of the many interesting people he has met and countless places and circumstances in which he has worked. His experiences at Rugby, Oxford and Guy's, are included, together with the terrors of the blitz around Guy's in the dark days of the war. Even in these dire circumstances his humour comes to the fore. Although dedicated to medicine, his activities and hobbies outside the hospital form an integral part of his life, not least of which are his family.

The book is informative, easily readable, and will bring pleasure to those who read it.

Sir Hedley is one of the most eminent of Guy's men and in retirement cares for Charles Darwin's house at Downe. For those who knew him well here is a charming pellucid account of his life; for those who may have met him occasionally, an opportunity to further their acquaintance; and for those who may be interested in surgery, as a discipline or career, he has written a chapter on the nature of a surgeon.

His account follows his life and career through childhood, education and Guy's with his sporting achievements and activities on the *British Gazette* in the General Strike. We hear of his public duties and honours, of his great pleasure at sailing, and of his friendship with Hinchelwool (whose explanation of the Michelson Morley experiment in terms of London 'buses on Oxford Street is a delight).

He tells us of his great pleasure in being able to ensure the safety of Downe House and we are paid the highest compliment of friendship by being taken around the favourite books in his library.

With many examples, such as the Porritt party at the Royal College of Surgeons, he shows us his great joy in causing pleasure for others and we are introduced to a magnificent circle of friends and colleagues each described by a delightful vignette. His approach is compassionate and wit delicate, at its height when implying some social indiscretion.

This book is remarkably good value at under £4.00 and I hope many will enjoy it as I have.

G. W. G. VEVERS.

CORRESPONDENCE

No to politics?

Madam,

Your Passim of the 26th November "No to Politics" raises some very pertinent points about the National Union of Students, and Guy's affiliation to it. However, I would be pleased to have the opportunity to reply to some of the comments raised, as I believe that they are characteristic of many misconceptions of the NUS.

It may certainly be true that most Guy's students profess to have little or no interest in national student politics. However, at the same time, these students will not abstain from comment on vital issues, such as student grants or graduate unemployment. If students wish these comments to be heard, then a national union is essential, in order to co-ordinate and assimilate a coherent line on such issues. It is not unreasonable to suggest that students, like any other body of responsible (we hope) adults, should have the right of expression over their particular problems, and indeed this is recognised by many people including government departments, etc. The concept of running a University as some sort of Advanced level secondary school is (fortunately) out dated to a large extent, and with this comes the need for students to be sufficiently organised to be capable of representing their views effectively.

An interesting discussion could be held over the term "political". What is and what isn't a political discussion? Certainly, grants or pre-registration jobs are political discussions, if one is to be reasonable about it. As has been said many times by many different people, politics affect every one of us, and the suggestion that Guy's students aren't interested in student politics probably demonstrates a misunderstanding of the term "politics".

With regards to NUS officers being rather elderly students, there are two points that must be considered. Firstly, NUS represents students, and not 19-21 year olds, or any other age group of people. There seems no reason to suppose that older student representatives have different problems to anyone else. Secondly, the federal structure of NUS means that these representatives are there to carry out the wishes of all students according to the way that they vote on relevant issues. Another point of pure practicality is that elected representatives of any body will be "senior" persons. Just as one would not give a newly qualified graduate a post as a consultant in a hospital, it is not sensible practise to have a "Fresh" student as leader of a student body, unless there are obvious mitigating circumstances.

The idea of NUS being a "trade union" is rather interesting, but far removed from the truth. As I have already stated, the idea of putting ones view across is not synonymous with trades unionism, but rather is something that any group of people may hope to do. Besides this, NUS does a great deal to further student welfare, which is surely not the role of your archetypal "trade union"!

One of the three principal objectives of the Clubs' Union is to represent its members on all relevant issues. This is

why Union Officers came out so strongly pro-NUS in the recent campaign. I think we would all accept NUS is not perfect, but similarly we would refuse to accept that we can properly perform our job if we are prohibited in taking part in "political" discussion. Indeed, in the past, General Meetings have normally supported our activity on these matters, and have certainly not requested that we abstain from any form of political comment. If there is a current trend towards this line of thinking, then this should be made quite clear at Union General Meetings, so that we may carry out the wishes of the students, instead of being left entirely in the dark by inquorate meetings, as has occurred recently. It is at this level that NUS democracy has a very real danger of falling down, and it is for all students to see that this does not happen at Guy's, whether we affiliate to NUS or not.

Yours faithfully,

FRANCIS HUGHES,
President.

Guy's Hospital,
East Wing,
SE1 9RT.
Extension 3299.

Re: Dental Directory

Madam,

I am extremely grateful to those readers of the *Gazette* who have written to you giving information about various members of the alumni who I have found difficult to trace (*Gazette*, November edition). I would also like to acknowledge my thanks for information I have received from Guy's men both in this country and overseas who have written directly to me.

Unfortunately I have to report that there are at times imperfections in the "bush telegraph". I received two letters on one day, the first informed me of the demise of a colleague of an old Guy's man, the second was from the colleague in question and written the day after the first letter. Perhaps the *Gazette*, like *The Times*, is on sale in the Elysian fields.

Yours faithfully,

R. B. JOHNS,
Sub-Dean of Dental Studies.

Dental Society Dinner

Madam,

I am indeed sorry that Dr. Gordon Lyle should feel that the new arrangements for the Dental Society Dinner following the Clinical Meeting will destroy the spirit of reunion which characterised the occasion.

Those of us concerned with the arrangements for the Dinner were very conscious of our responsibility in this respect. I hope that the function will not be pre-judged and it will be regarded more as an evolution than the retrograde step your correspondent fears.

Yours faithfully,

R. D. EMSLIE,
Dean of Dental Studies.

SPORT

SPORTS COMMENTARY

What a healthy state the Guy's sporting teams seem to be in! Ignoring the seasonal ill winds, bacteria and alcoholic excesses of December, teams of athletic men and women take to their pitches regularly to defend the honour that is Guy's. The fitness they have built up over the months will of course be wiped out by brandy and Christmas pud, but until then the confrontation of supple limbs is a joy to watch.

The Rugby clubs are all smiles whenever you see them as their list of victories enlarges gradually. Richard Dunn walks with a spring in his step as he organises his ninety-fourth game of the season (whilst doing two locums). The Soccer club has two teams at the top of their respective leagues with only one reverse each this season. Andy Mitchell, their captain was seen to smile last week—well done Andy. The hockey club keeps plodding on I gather with not too much success but much damage and fervour. So it is with much pleasure that we can look back on some splendid sport this autumn. However, spare a thought for one band of men this winter. Mike Glover and his cricketers hibernate in their rooms with fires ablaze only rarely appearing in the cold. Only one or two have the thermoregulation necessary to play winter and summer sport—these may be our next evolutionary step forward.

I am told that the mountaineering club like the snow as long as there are no blizzards and for this reason go out in the cold daytime in only shirtsleeves to prepare themselves. They whizz off every

weekend looking for more hills to conquer and pubs to enjoy. The less energetic have recently formed a snooker club which actually seems to spend more time waiting for its opposition in the bar than playing snooker. Surprisingly they win a lot as well as adding to the bar profits substantially—well done lads, for both.

Through the drizzle the other day, I saw a figure scurry across the forecourt at Guy's main entrance. Dressed in a red cape the figure had a long white beard, yellow wellies and carried a large sack over his shoulder marked "Swag". As this mysterious figure came close he recognised me and removed his false white beard. It was Brian "Santa" Bore.

"I've a wonderful treat for you," he said and ushered me into the East Wing.

"These are the latest Christmas presents for trendy medical students," said Bore. He proceeded to show me his collection of gifts. My favourites were a doll who, when you pulled her cord, said angrily, "I demand a second opinion", and a puppet with a David Ennal's head and a Kermit the frog body. My present was a small figure wearing a white coat, chains and a neurology pin through his nose.

"Punk doctor," said Bore.

"Can't I have that?" I asked pointing to a bottle of Scotch in his bag.

"That's my present to me," he said and hoisted his bag onto his shoulder. "Must be off."

With that he left at such a blistering pace I was concerned about the fire hazard.

Talking of fire hazard, it has come to my notice that many of the intrepid night fire watchers protecting Guy's buildings come from our sporting teams. I wonder if this reflects the expense of sport at Guy's as many of these people also work on the bar to help their finances. I just hope it is not going to mean that these brave stalwarts will be too tired to take their places in teams on Saturdays. Brian Bore was on fire watching duty in the Medical School one day last week on a Saturday night, and thieves broke in, damaging the door into the committee room. Apparently they were after a valuable clock in there. What they didn't know was that it had been stolen a fortnight earlier.

Lastly I'd like to wish everyone a very happy Christmas, and look forward to your return soon after New Year. I hope you all enjoy yourselves. Don't eat too much you sportsmen—refuse that second helping. Lastly I hope you all get what you want for Christmas—I like money. (Cheques will do fine.)

J. J. EARNSHAW.

HALF-TIME REPORT

At the time of writing Guy's 1st team record is rather poor and reads PLAYED 13, WON 3, DRAWN 1, LOST 9, PTS. FOR 120, AGAINST 172. It could have been the reverse in terms of victories and defeats because so many matches are lost by the odd penalty goal or try.

There have been some high spots as well however, including winning the Hospitals' Sevens in which we entered three teams. Liam Hughes is captain of United Hospitals this year and players from Guy's have played in representative rugby for both U.H. and U.L. and Brian Keevil has played for the Kent County Clubs XV.

Hope springs eternal and this is particularly true since the Cup is almost upon us. Guy's 1st round match is against Charing Cross Hospital at the Bart's Ground, Chislehurst on 12th January, 1978. K.O. 2.30 p.m. We will probably be running coaches down there so get out your blue and yellow scarves and come down and support the team. The Cup itself may have been nicked but the rivalry is as strong as ever. A Guy's cup win is long overdue, we have not won since 1971 which is the second longest gap between Guy's cup wins since the competition began!

The Second XV are also involved in the Cup against Charing Cross and will be keen to improve a dismal record of only one win to date. There is no truth in the rumour that Captain Davenport is thinking about putting his team on a diet of pure horsemeat and soya for the second half of the season. Also we have finally found out why the seconds win no scrummage ball, rumour has it, from South London dance halls, that a certain member of the front row has two left feet!

The social sides seem to have difficulty fulfilling all their fixtures because of lack of players when some promising Freshers do not seem to be getting a game. An improvement in communication via the Tuesday selection committee should improve this.

The Wednesday XV has been a qualified success, it is difficult to balance the benefit of a game with the loss of an important evening team training session, it would be useful also to have more regular Wednesday Colts games.

The Beers, Artists, Angels, Vipers and Chunderers are all alive and kicking (some harder than most) and no doubt keeping up the good work in the Clubs and Pubs of London.

Remember training every Monday and Wednesday at H.O.P. at 5.30 p.m. is for

all players, and certainly no-one at Guy's can claim to be too fit; keep an eye out on the notice board for a change of venue if the weather is bad.

GUY'S FOR THE CUP !

Guy's 6pts., Osterley 6pts.
Norwood Green, 12.11.77

Guy's had managed to win both previous fixtures with Osterley by a single point and this was again a close match. A stiff breeze made conditions difficult from the start and this was not helped by the match ball which seemed to be under inflated and awkward to kick.

Guy's began facing the elements and gave a reasonable account of themselves, unfortunately their line-out advantage was nullified by the wind which made straight throwing-in impossible. Long periods in the first half were static however because of the inability of either fly-half to make a clean catch. Half-time saw Guy's 6—3 down on penalty kicks but there was reason for optimism playing down wind in the second half.

Disappointingly Guy's could not make use of this advantage and almost went further behind to a kick and rush onslaught when Portelly was slow to turn on a ball kicked almost to touch. Hughes added his second penalty to make the score even, but Guy's let chances go and the final whistle brought the curtain down on what was becoming a farce. Neither side adapted to admittedly extreme conditions, and a draw seemed a fair result.

Team: Broughton, Portelly, Francis, Harris, Nicholas, Tunnadine, Laws, Parry, Gibson, Neill, Keevil, Beard, Brazier, Robertson, Hughes.

G.P.

Guy's 3 pts., Old Merchant Taylors 16pts.
H.O.P., Saturday, 19.11.77

O.M.T.'s were a much improved side from last season when we beat them at their ground by twenty points. However, enough opportunities were created to have enabled us to win this game.

O.M.T.'s kicked off and Guy's forwards got into a sound if not spectacular rhythm. Winning good second phase ball is what winning rugby is about and the opposition back row always seemed to be able to make the ball dead in rucks and mauls when a quick feed would have produced a score. Guy's could not muster the aggression to knock their opponents off the ball and turned 9—3 down despite a lovely drop goal from Tunnadine after a two man line-out.

A similar story in the second half saw O.M.T.'s get another (unconverted) try and a penalty.

Another tame performance by Guy's with both backs and forwards guilty of running without much purpose and missing tackles.

Team: Broughton, Portelly, Francis, Harris, Nicholas, Tunnadine, Laws, Parry, Gibson, Neill, Beard, Keevil, Robertson, Brazier, Hughes.

G.P.

Guy's 3pts., Mountain Ash 16pts.
H.O.P., Saturday, 26.11.77

After Brendan Hagan's performance last year the popular visitors from the Aberdare Valley were pleased not to see him on the team sheet, and produced an aggressive running and kicking game that put Guy's under pressure early on.

Even when Guy's won the ball poor kicking tended to put them back in trouble and the partisan opposing supporters were not impressed with either the Guy's play or the referee's eyesight. The Welshman nipped in for a try in a spate of poor Guy's tackling and although Hughes kicked a penalty the bigger Guy's pack (and it is not often that is true) could not exert pressure in the loose phases and the teams switched at 9—3.

The second half saw a bulldozing try by the Mountain Ash forwards and a penalty rather stupidly given away by Hughes to complete the scoring. A good competitive match but Guy's at present are a side in need of a win.

Team: Broughton, Portelly, Francis, Owen, Reece, Tunnadine, Laws, Parry, Gibson, Neill, Beard, Keevil, Robertson, Brazier, Hughes.

G.P.

Guy's 2nd XV 6pts., Ipswich 18pts.

Team: Henderson, Davenport, Howell, Fitzgerald-Frazier, R. Davies, Jenkins, Parker, Robertson, R. Moore, Manning, Jennings, Harris, Owen, Nicholas, Wilkinson.

This was one of the most enjoyable games played so far. Little advantage was gained by either side in the first half, and when the rain began, Guy's started to play well. Ipswich backs kept tumbling the ball, enabling Guy's to kick through and keep Ipswich within their half. Guy's were rewarded with a penalty, which was converted by R. Moore to put us 3—0 ahead. Ipswich scored a try soon after, mainly due to poor tackling by Guy's.

The half-time score was 4—3.

After half-time Guy's played badly for twenty minutes, allowing Ipswich too much room and playing as individuals. Ipswich dropped a goal and then scored a try. A penalty by R. Moore put Guy's back in the game, the score being 11—6.

Guy's then came to, and the game continued on an even basis. Despite the efforts of the three-quarters, Guy's failed to score, in part due to inadequate backing-up, and also to lack of room for the wings to run in.

Ipswich scored another drop goal and another try to give a final score of 18—6.

2nd XV 13pts., Rosslyn Park "A" 15pts. At H.O.P.

This was another good game. As can be seen, eleven of Park's points came from kicking!

Evans kicked off for Guy's, who rapidly pushed Park into their own twenty-two. This was the best start made by the 2nd XV this season. After ten minutes Park were awarded a scrum, thirty metres from their line, which they won. Guy's backs were quickly up on them, forcing their outside-centre to drop the ball. Jennings kicked the ball ahead and ran on to touch the ball down before Park had recovered from their confusion. S. Moore converted the try. Guy's continued to pressurise wth some good running by Evans and Owen. In addition, some good kicking out of defence by scrum-half Philips got Guy's out of any potentially dangerous situations.

S. Moore kicked another penalty to put Guy's 9—0 ahead by half-time.

In the second half Park had the wind behind them, and their stand-off kicked two penalties early on, awarded for some dubious forward-play by Guy's. Both sides obtained good possession from the set-pieces although Park's was of a *superior quality.*

After an indirect penalty one of Park's tight forwards was carried over Guy's line to score a try which was converted. Shortly afterwards Owen charged down a ball in Park's twenty-two, to score Guy's second try. So with fifteen minutes remaining, Guy's were leading 13—12. Guy's continued to play well, play going up and down the field. Wingers Reece and S. Moore had some good runs.

Park's stand-off dropped a goal with five minutes to go, putting them two points ahead. Guy's were then awarded a penalty on the half-way line. Wilkinson had a kick at goal which despite the wind, was not far short.

The final score was 13—15.

Team: Cording, Davenport, Hutchinson, Fitzgerald-Frazier, R. Davies, Mount, Jenkins, Mihill, Phillips, Evans, Reece, Owen, Jennings, S. Moore, Wilkinson.

P.G.D.

ASSOCIATION FOOTBALL

The entrance in the *Gazette* made by J. J. Earnshaw (Hon. Treasurer) last month was, as you may have noticed, approximately one month too late and many truer stories may now be told.

Neil MacLachlan has since resigned his captaincy from the 2nd XI to accept a stable position in the 1sts and Keith Underwood has now resumed his place, Dave Greenaway accepting the responsibility of being his vice (not too ambiguous I hope).

The 3rd XI has now officially been formed under the guidance of Steve Robinson, captain, and Al Black, vice-captain, with Dave Greenaway as their secretary. They have played four matches now, Won 1, Lost 2 and Drawn 1. The team is composed of footballers, mostly, keen to have a game and anyone interested should contact one of the above mentioned.

The 2nd XI has enjoyed a healthy start for this game with a makeshift team and games, won 8 and lost 1.

On January 28th a Cambridge tour has been arranged; 1st and 2nd XI teams will be going. Advice: Practice getting drunk.

Football training takes place in the Parry Gym every Monday evening at 5.30 p.m. The majority of the 2nd XI turn up every week to assure themselves of a place in the team, while the 1st XI I am sure do not realise this event takes place!

S.O.A.S. 1st XI 2,
Guy's Hospital 1stXI 1

S.O.A.S. were going to get hammered, they were near the bottom of the league and Guy's were at the top enjoying an unbeaten run. Unfortunately it didn't turn out that way.

Guy's were so confident of scoring a net full that they started each half with only 10 men. Ken Harper was left changing when the first half began, and just as the second was about to start Paul Shephard had to make a dash to the clubhouse for reasons of bowel.

The game was played in heavy cross-winds which Guy's didn't get to grips with as quickly as S.O.A.S. and consequently they soon found themselves a goal down. The Hospital fought back but wasted too many chances. In the second half Raymond "Malta" Aquilara flashed his foot at a loose ball to send it thundering into the back of the net for a deserved equaliser. S.O.A.S. remained unruffled and soon replied with a rather lucky goal that turned out to be the winner.

M. Breeze.

Guy's 2nd XI 2, Chelsea 3rd XI 1

Guy's arrived at chilly Colliers Wood for this game with a makeshift team and not particularly relishing their task against a Chelsea side which, although having only gained two points all season, have proved to be something of a bogey team in the past.

Missing from the defence were Harri Williams, Gary Calver and David Abraham, but unexpected reserves were found in Steve Robinson, from the 3rd team, and Mike Reece, 1st XV rugby player, who hadn't played football for four years. Robin Evans was also missing from goal, but Guy's found strength in depth and the defence held firm.

The game was fairly scrappy but hard-fought, and there was much excitement in both goalmouths before Guy's opened the scoring on the half-hour, rather fortuitously from the penalty-spot. Dave Greenaway took the kick, more by elimination of the other 10 players who chickened out, than by choice.

Chelsea came back quickly and also scored soon after from the penalty spot after Mike Reece and Steve Robinson had tried to form a ruck with one of the opposing forwards.

Guy's attacked strongly in the second half but with more fervour than skill and several chances were missed when it seemed easier to score.

Monday-evening grunt and vomit sessions in the gym appeared to be the telling factor as the Chelsea defence was gardually worn down and a goal seemed inevitable.

Nevertheless, there was immense relief and all-round jubilation when the winning goal was scored by Keith Underwood who managed to loop a parabolic header over the goalkeeper as he was falling over. Thus, a famous victory was won and an old debt settled.

Team: Roger Davies, Steve Robinson, Liam Broughton, Mark Batterbury, Mike Reece, Alex Williams, Dave Greenaway, Tim Mutter, Graeme Smith, John Rawcliffe, Keith Underwood.

SOCCER CLUB REPORT

U.L.U. Cup, 2nd Round

Guy's 2nd XI 4, Q.M.C. 1

The 1½ hour journey involved in reaching the Q.M.C. ground at Brentwood proved well worth making from Guy's point of view.

From the kick-off Guy's took the game to Q.M.C. and it was the man of many parts "Crusher" Abraham who opened the scoring after 20 minutes with a "pectoral-prod", following up his "patella deflection" two weeks ago—what's next we ask! Q.M.C. provided fair opposition but with Guy's playing some good sensible football a second goal looked imminent. It came 5 minutes before half-time, John Rawcliffe moving in from the right crossed and a defender benevolently decided to hand the ball. John made no mistake from the spot.

In the second half Guy's increased their lead when a fine, deep cross from Graham reached Keith—"Top-scorer"—Underwood who calmly put the ball in. Guy's had the game sewn-up now with Limb Broughton and Harry Williams playing well at the back and Roger Davies having a magnificent game in midfield. Q.M.C. snatched a goal 10 minutes from the end but Guy's had the last word when, following a good mid-field build-up, Dave Yittey hit a 20-yard ball to the top left hand corner.

Team: R. Evans, M. Battersbury, D. Abraham, L. Broughton, D. Williams, S. Perkins, D. Greenaway, R. Davies, K. Underwood, J. Rawcliffe, G. Smith. Sub. D. Yittey.

Guy's 2nd XI 9, Mary's 2nd XI 1

U.H. Cup, 19.11.77

This game started with all the excitement associated with Guy's II and all cup matches. The atmosphere was tense and the pre-match warm-up was undertaken by most in the H.O.P. lavatory.

The game started at a pace Billy Whiz would have been proud of. Within three minutes a goal-kick had been forced upon Mary's and their pathetic clearance only reached John Rawcliffe who controlled the ball and powered it into the roof of the net from the edge of the box, in one swift movement.

Only a few minutes later Mary's were on the attack and a long menacing shot passed Robin Evans in full flight to equalise.

Guy's were not to be denied a victory and in the following six minutes Keith Underwood, John Rawcliffe and Graeme Smith each headed home superb goals.

Guy's continued to push forward and in the closing stages of the first half Tim Miller picked up a beautifully placed ball from Dave Greenaway and slotted the fifth in under the Mary's goalie.

Guy's sucked their oranges (happily) at half-time. The second half started uneasily until Graham Smith rocketed a curving scorcher into the corner of the net from a long pass out of defence by Harri (Spider Man) Williams.

Mary's were demoralised and a corner to the near post was fumbled by their goalkeeper and Dave (Crusher) Abraham pounced on the loose ball to thigh it over the line.

Alex Williams who was brought on at half-time for the injured Dave Greenaway (Spastic) continued to pressurise the dwindling defence and forced an own goal.

The final goal was taken by a cool John Rawcliffe who controlled a low cross and took his time pushing it in under the sprawling 'keeper to complete his hat-trick.

Guy's fought on for a ten goal victory but were denied by the woodwork twice. All credit must go to the Mary's goalkeeper who, despite letting in nine goals, did make one great save from a Tim Miller thunderbolt.

Gerry Hackett supported excellently.

Team: Robin Evans, Dave Abraham, Mark Butterbury, Gary Calver, Harri Williams, Liam Broughton, Dave Greenaway, Tim Miller, Graeme Smith, John Rawcliffe, Keith Underwood, Alex Williams.

Guy's 2nd XI 1, Mary's 2nd XI 4

U.L. League, 26.11.77

The 1st team being short of players, took Dave Abraham. Harri Williams was injured, Rich Trembath, Graeme Smith, Gary Calver, Tim Miller and Roger Davies were unable to play, and so recruitment in the Spit was inevitable.

A hard fought battle against a full strength Mary's team resulted in a 4—1 defeat. Alex Williams was the man of the match while Steve Robinson made his first 2nd team appearance showing a great deal of spirit, and style. Ken Harper, Gerry Hacket and Conn Vincini played at very short notice and the team is grateful to them.

The game ended with a fair result but we propose to show Mary's II just who are best in the New Year when we meet them at their own ground.

Keith Underwood.

Spirochaetes 2, Gypsies 3

H.O.P., 20.11.77

The excitement ran high on this pleasant Sunday afternoon when the Spiros discovered that they had twelve men *and* an umpire. Never before in the almost 20-year history of the Spiros has this happened. The game started with the Spiros launching plan B, this consisted of trying to score. For the first 10 minutes the Gypsies were bemused by the dazzling display of hockey brilliance from Seb Johnston and the veteran drinker Angus Kingon. This pressure had to tell and after a good run down the right by Julian "British Railways" Hart the Spiros were one up with Seb Johnston claiming the goal. The Spiros then foolishly relaxed and the Gypsies, caravans and all, attacked. Good play from Hamish Gillespie and Jim Oliver kept them out. The game then flowed from end to end with Peter Holmes and Garth Saward supporting Clint Eastwood with penetrating attacks down the left. Half-time came at last, and after a quick discussion over a bottle of Guy's bad wine a brilliant tactical substitution was devised. Hamish would go off.

Cast of photo:—Back: Jerry Kwok, Hamish Gillespie, Dave Wood, Pete Saunders, Pete Holmes, Gus Kingon, Garth Saward, Seb Johnston. Front: Richard Dunn, Jim Oliver, Duncan Jones, Steve Martin, Julian Hart.

The second half started with the Gypsies pressing and Dave Woods' powerful tackling showed through. But even he couldn't stop the opposition's shooting chances. Veteran Spiro Steve Martin finally succumbed to a "bobbler" and the scores were level.

Richard Dunn now decided the time was ripe to unveil his master line-out plan. He removed his "Foster Grants". Now he could actually see the ball. The Spiros, now strengthened, attacked. Good shots from Seb missed narrowly and after a rebound Peter "Drink a window" Holmes' neurone fired and he managed to score—this cost him a jug. The superb fitness of the Spiros began to fade as

opening time approached and the Gypsies attacked. Great defence by Steve Martin couldn't keep them out and they equalised. In the last minute when a draw seemed a certainty the opposition scored the winner and it was all over bar the shouting, and drinking. In the committee meeting after the game two new Spiros proudly claimed their ties, and in the games that followed trousers featured as did rides on sports car bonnets. Unfortunately due to the effort of his brilliant umpiring Jerry Kwok couldn't grace the chop-chop table as he had done two weeks previously.

N.B. Where was Helt?

Team: S. Martin, H. Gillespie, J. Oliver, P. Holmes, G. Saward, Clint Eastwood, J. Hart, D. Jones, S. Johnston, A. Kingon, R. Dunn, D. Wood. Umpire, Jerry.

GUY'S HOSPITAL HARE & HOUNDS CLUB

Match Report

It was enough to make that old Guy's running Supremo Brendan Bore turn in his grave. With five minutes to go to departure time our intrepid band of cross-country runners (?) were one short of a full team. Whom, they pondered, could this honourable position be dumped on? Then, like manna from heaven, appeared the solution. However, there was one snag—could they break tradition and allow a woman to run for Guy's—course they could; they were desperate.

And so another season began for our refugees from the York Clinic with a trip to Parliament Hill Playing Fields. Here they bundled themselves into shorts, vests, socks, shoes, scrotal supports, etc. But why all this? You may well ask. Guy's were once again set to do battle in the London Colleges League—not a pretty sight.

Roy Crosthwaite, that well-known Guy's dentist, led the team home in 17th place. Chas Newstead and Rob Hayes battled well with Rob getting slightly the better of it. Kevin McKinlay closed the scoring side with Simone who successfully dared to invade this male occupation finishing not far behind the rest of the Guy's team.

Not too successful an outing, as we had feared. Depth is required if the team is to get anywhere. If you would like to run please contact me. It hasn't been worth having organised sessions so far for the turnouts have been bad and our regular runners therefore prefer to train from home. Do come if you want. Don't worry about your standard.

If interested contact Kevin McKinlay via Pigeon holes in East Wing or at Crayford 523564.

SAILING CLUB

GUY'S WEEKEND AT BURNHAM

October 15th/16th

This was the last this season for a mass gathering of Guy's people at Burnham. Almost as if they were trying to make sure we would want to return next Spring, the elements did a complete turn-around on the previous few days and gave us two beautiful days of sailing. Once the mist cleared the sun shone as if summer was back.

The majority of the Guy's contingent arrived on Friday evening, and even late on into the night, though those nocturnal ones amongst us did not manage to wake me up. Despite a rather good evening in a rather good number of public houses everyone was up, breakfasted, and preparing boats by 9 o'clock. (Could it have been the "porridge" which chased everyone out so quickly?) By this time a little breeze had sprung up from the sea and was rapidly clearing the mist that had cloaked the town earlier. In record time five Enterprises were on the water which sparkled crisply as sails appeared one by one all over the river. Very soon the two U.H. Squibs were sailing as well, crewed by a motley-looking crowd co-opted from several of the medical professions. The morning proved idyllic with a perfect breeze and blazing sunshine, marred by the odd toppling mast and sinking dinghy. Rest assured that nothing more complicated than a few wine bottle corks and pieces of wire were required. Lunch was served aboard the barge in a most civilised fashion—well done, girls!—and then in convoy we all headed up river. Against the tide we did not reach Fambridge, a village further up the Crouch, but as the breeze freshened slightly, sailing became more exciting. I say this because one or two boat crews obviously decided they needed cooling off a little. One other Enterprise's mast thinking it had been standing up for quite long enough decided to lie down for a rest. A water-ski boat kindly offered a tow for the short distance back to the slip. I then had the feeling that *two* boats needed rescuing when our colleagues fouled the propellor of the outboard with the tow-rope—that's gratitude for you. Very soon, however, all the boats were tucked away for the night, and soggy sailors were freshening themselves up for a pleasant evening in the town. After a long day out in the weather there is nothing better than laughing at the day's antics over a pint of "Tolly Cobbold".

Sunday morning—need I say more? Everyone woken up by the fire-alarm, without a fire I might add. Something told me the early morning was not going to go quite so well, when I realised I could hardly see beyond my nose in the clammy conditions outside. One thing was infinitely better though—the porridge—I do not think a crumb was left! With cars and motorbikes not starting, and I think the damp must have got at the celestial wind machine as well, things took a little longer to get moving.

Anyway, it was Fosenheim Cup day (that is the Inter-hospital Freshers' Regatta), and there was not a lot of point in starting without wind. In the end we had a dozen entries, with representatives from the London and Guy's dominating, in terms of numbers anyway. Although twelve was a disappointing number it meant that the racing could be more interesting. The racing was done in a flight of four Enterprises doing one lap of a course which was radically changed when the wind changed through 180° at about midday. The first race was away by 11.30 in almost no wind, though the mist had at last cleared. From then on things went progressively better. As the sun warmed us up and dried us out, a sea-breeze made it a perfect sailing day again. A fabulous "ploughman's" lunch, prepared by Liz and Pauline, kept us going and whilst other people sunbathed, or sailed in the spare "Ents" and the Squibs, the racing continued till late afternoon. Although it looked as though someone from Guy's would take the trophy, Phil Gray from the Middlesex, finally took the honours—Well done, Phil!

Once boats were packed away and the barge cleared up, the trek home began. Amidst gathering fog it was goodbye to Burnham where we had had another lovely weekend.

Good weekends do not happen without a lot of work, and so well done everybody. Especially thanks are due to Liz and Pauline for filling between 30 and 50 stomachs time and time again. For a well-organised regatta we must thank our captain, Andrew Houghton. It was good to see so many keen "Freshers" (sorry—you will lose that name soon) and I hope they will spread the word and encourage others to come along next time. Thanks, too, to Rob Heard for giving several of us experience in a high-performance dinghy by bringing his "Fireball" up for the weekend.

S.G.

ANNUAL GENERAL MEETING

Held in the Robens Suite on the 25.11.77

The meeting was chaired by our Commodore, Mr. C. H. Kinder, with over twenty-five people present including Dr. D. M. Carnegie (Vice-Commodore). The club's activities over the last year were discussed, and with the raising of over £200 in fund-raising, it is hoped a new boat will be bought this year. Reports on the three most successful weekends at Burnham were read, and the meeting reaffirmed its support for U.H.S.C.. The Secretary was asked to write a vote of thanks to the Committee of U.H.S.C., especially to the Commodore, Prof. J. P. Quillian, for the immense amount of work they have done over the last year to make the club the highly active institution it is now.

Officers for the season 1977–78 were elected:—

Commodore: Mr. C. H. Kinder.
Captain: A. Houghton (1st year Clinical).
Hon. Treasurer: S. Bird (Med. Sch.).
Hon. Secretary: S. Girling (B.Sc.).
Bosun: R. Thomas (1st year Preclin.).
Asst. Bosun: R. Cook (1st year Preclin.).

Last year's Vice-Commodores have been asked to stand for re-election, and two or three others have been asked to stand for the first time.

We are all very grateful to Rod Ingham who has been an officer in the club for three years, and we wish him all the best in his finals next summer.

ANNUAL DINNER

Seventy people came to enjoy the cold buffet and wine, served in the Robens Suite after the A.G.M. I think we all enjoyed the meal and that exhilarating view over London. Thanks everyone who helped, and we hope to see everyone who was there, in the less comfortable conditions of a boat, later this year.

S.G.

HOSPITAL INFORMATION

LECTURER IN PHYSIOLOGY

This vacancy is well-suited to a medically qualified person who wishes to study for a Ph.D. or who wishes to pursue basic research which may or may not have clinical relevance. The position also involves some teaching to medical and dental sutdents.

Salary range: £4,811–£6,655 plus £456 London Allowance, with superannuation.

Application forms, etc., are available from, and should be returned to, the Dean, Guy's Hospital Medical School, London, SE1 9RT, not later than 14th January, 1978.

PASS LIST

University of London

Third M.B., B.S. Examination—October, 1977

Part I

R. Coates
J. C. Gay

Part II

J. Brennan
R. Coates
D. M. Couper
P. N. Gaunt
Susan G. Overal
E. Refsum
Cleone I. F. Rooney

Part III

J. Brennan
J. C. Gay
Fiona J. Henderson
N. J. Masters
T. A. Underwood
D. J. T. Wright

Part IV

D. M. Couper
P. N. Gaunt
Cleone I. F. Rooney
Jill S. M. Tidman
N. V. Todd

Third M.B., B.S. Examination for Medical Degrees—October, 1977

M. G. N. Bourne
Sally Carman
F. M. Davies
P. F. Gorham
J. V. D. Gryf-Lowczowski
A. I. Hammett
G. J. Hughes
R. H. Jones
L. C. Loo Seen Lin
J. F. McNulty
I. R. Martin
S. M. Milner
G. Murphy
M. G. Pike
A. P. Plumb
G. D. Prince
L. B. Pritchett
V. Rajaratnam
S. K. Sinclair
D. Wilkinson
Elizabeth F. Williams

Royal College of Surgeons of England L.D.S. October, 1977

Jane E. M. Hancock
W. H. Harley
S. R. Luxton

Royal College of Surgeons of England Diploma in Orthodontics, September, 1977

Moira Brown

University of London

Master of Science in the Faculty of Medicine (M.Sc.)

PASS LIST

Human Communication

Guy's Hospital Medical School

Baker, Robert
Dunlop, Heather Lee
Fulcher, Gordon Walter George
Goodwins, Ruth Esie
Grubczak, Grarzyna
Gunning, Margaret
Humphris, Marie
Inglis, Alexa Lesley
Milloy, Agnes Ramsay
Nakano, Hiroto
Oxley, Danuta Anna Yolanta
Ozanne, Anne Elizabeth
Ramsay, Rosemary Anne
Robertson, Sandra Jessie
Shimon, Ann Elizabeth
Wesolowski-Low, Krystyna Helena
Wood, Carole

STAFF LIST AMENDMENTS

Additions:

C. D. Allen, B.D.S., SHO/Registrar, Depts. of Conservative Dental Surgery, and Periodontology and Preventive Dentistry.

P. J. N. Howarth, M.D., B.Sc., M.R.C.Path., Dept. of Chemical Pathology.

A. S. E. Fowle, M.D., M.R.C.P., Depts. of Medicine and Clinical Pharmacology (1.1.78–31.12.79) (VP).

J. R. Radford, B.D.S., Registrar, Dept. of Conservative Dental Surgery and Periodontology and Preventive Dentistry (from 1.1.78).

Miss J. M. Stewart, B.Ch.D., Dept. of Oral & Maxillo-Facial Surgery.

D. J. W. Wilkin, M.B., B.S., Senior Registrar, Obstetrics and Gynaecology (Farnborough/Guy's).

M. W. Russell, B. A. Coughlan } add (L)

Dr. Binnie's qualifications should read—B.D.S., D.D.S., M.S.D., F.D.S., M.R.C.Path.

Resignations:

Mr. T. Arulampalam, from 1st October.

Dr. R. M. Cash, from 30th November to take up a post in Anaesthetics at Guy's.

Dr. Yvonne Williams, from 31st December.

BIRTH

PARRY.—On 11th November at Farnborough Hospital, Kent, to Rosemary (née Ede) and Hugh Parry—a daughter (Hannah), a sister for Alexandra.

CHANGE OF ADDRESS

Drs. Rosemary and Hugh Parry, 12 Shornefield Close, The Elms, Bickley, Kent. Tel.: 01–467 0279.

Captain M. J. O'B. Minogue, 1st Battalion The Duke of Wellington's Regiment, B.F.P.O. 29.